mental health digest
National Clearinghouse for Mental Health Information. Vol. 4. No. 2. February 1972

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cover story

Mental Health in Early Childhood

The pictures in this issue were taken by Gerald S. Volgenau at the day-care ce operated by the American Psychological Association at its convention last fall. T APA's center is an illustration of the recent upsurge of interest in day-care cen and other services for children. This issue contains several digests concerned w mental health in early childhood—day-care centers, play, education, early inter tion, and other mental health programs in the schools.

The *Mental Health Digest* is a monthly publication designed to reflect the whole spectrum of mental health and to present a broad sampling of scientific subject matter and professional points of view. It contains condensations of material selected from the current mental health literature. The condensations are published with the approval of the authors and publishers for use in the *Mental Health Digest* only. Readers interested in particular digests are urged to consult the journal or other source in which the material first appeared or to ask the authors for reprints.

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Use of funds for printing this publication approved by the Director of the Bureau of the Budget, May 20, 1968.

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The Zoomer Class: Initial Results

Laura Weinstein

The original impetus for the development of the Zoomer Class came from the results of the Re-Ed evaluation research. Re-Ed schools provide short-term intervention programs aimed at improving the behavior and learning of emotionally disturbed children. The behavior and academic performance of children who had been at Re-Ed were rated by public school teachers as markedly superior to that of a comparison group, but the academic improvement of the Re-Ed children was not completely satisfactory. Although after Re-Ed they were able to learn at or near the normal rate, they had not made sufficient gains to make up their initial deficits. The post-Re-Ed normal rate of learning would be sufficient to keep them from slipping further behind, but in order to catch up with their classmates, Re-Ed children would have to learn at a faster than normal rate.

When children are kept at Re-Ed for academic purposes after their behavior has become satisfactory, their behavior begins to worsen. Perhaps the child needs a regular school at this time to confirm him in his identity as a normal child. Or he may need the requirements of a regular school and a setting in which other children are behaving normally to support his normal behavior. Whatever the reason, keeping him longer at Re-Ed to improve his academic status endangers his behavioral gains.

So the child is returned to public school. There, his behavioral gains hold up, he learns at a normal rate, but he does not make the academic spurt necessary to catch up to his peers.

The Zoomer Concept

But what if the child, on discharge from Re-Ed, when he was ready and eager to learn, were put in a class where the supports and expectations were for academic "zooming," where the children were expected and helped to learn as quickly as possible whatever they needed to catch up to their peers. This would be different from Re-Ed and from a "special class." It would be a high status, high expectation class, enrollment in it would be an honor, and the prize would be to return to one's own school on a par with one's classmates. This kind of thinking led to the Zoomer Class.

In the early planning, interest also focused on the many children in addition to Re-Ed graduates for whom a Zoomer Class could have great utility. Examples were children who had gotten behind academically but who were considered currently ready to learn quickly in an appropriate learning situation and children who were already working at grade level or above who could learn faster and with greater satisfaction if permitted to learn at their own pace.

Public school personnel responded positively to these ideas and agreed to establish an experimental Zoomer Class for eight children in one of the local public schools as soon as a teacher could be found. During the remainder of the school year, the class would be funded as a cooperative program by the Metropolitan Public Schools and Title I. If results seemed promising, the Metropolitan Public Schools would support a Zoomer Class for 16 students the

following year. A former Re-Ed teacher agreed to teach the class each morning and in late February 1970, the Zoomer Class began operations in one of the Metro schools.

Description of the Class

It was decided to include in the class four students from the school in which the class was located and four Re-Ed children. The criteria for the Re-Ed children were that they be ready for discharge from Re-Ed, that they be behind age norms academically, and that they have sufficient self-control to profit from the class. The Metro School children were chosen with several purposes in mind. First, it was considered important that all students see enrollment in the class as an honor; Metro children chosen were therefore children of good repute who were generally liked or admired by their schoolmates. Second, they were children who were sufficiently interested in learning to provide good role models for the Re-Ed children. Third, they were children who were restless in their regular classes or children who could move ahead academically more quickly than their classmates. The plan was for each Metro School child to return to his regular class in the afternoon and take with him a Re-Ed child who would be his special "buddy" during the Zoomer Class. Ages ranged from 9 to 13 years, IQ scores from 88 to 147, and academic achievement levels from third through eighth grade.

The Zoomer Class teachers—In addition to the teacher who was in charge of the Zoomer Class morning program, three graduate students from a teachers' college contributed time to the Zoomer Class. One was a liaison teacher. She visited the home of each child to talk to his parents about the Zoomer Class, and she worked with the afternoon teachers to make a smooth transition from the morning to afternoon program, and she arranged for the return of the Re-Ed children to their own public schools the following academic year and took each child to visit his school. She also helped in program planning, securing supplies, transporting children, and substitute teaching. Two graduate students spent an hour a day with the Zoomer Class helping the children with individual projects and taking them on field trips.

The Zoomer Class program—When the children were assembled for the first day, the teacher explained to them that this was a special class for children who could learn fast under the right conditions. Each had been hand picked. All were working on different grade levels, and each had different things he would need to learn, but they were all there for the same reason. It didn't matter where each started in his learning; what mattered was how far he was able to go while he was in the class. The children were also told that they would have more freedom and more responsibility for their own learning than was usual in a regular class. Each child would set his own goals every week; this would include planning and assigning his own classwork and homework and determining how his progress was to be evaluated.

Classroom routines were developed jointly by the teachers and the children. At the beginning of each day, the class met around the conference table for about 20 minutes. At this time, the children or teachers brought up for discussion whatever they wished.

The group decided that each child would be required to spend 90 minutes each morning working on the basic academic skills. Which 90 min-

utes was up to him, but the daily time sheet he kept had to show 90 minutes actually spent working alone on basic skills. The children usually tried to complete the 90 minutes early in the day. In addition, each child spent time working with his buddy and also on several individual projects related to his own interests. He did library research, visited places in the community, planned experiments, constructed illustrations of what he had learned, then reported to the class. These projects not only provided the children with information, skills, and experiences; they also gave each child an opportunity to be an expert in something, relative to the other children. Their spontaneous comments indicated that the children had respect for each other's ability and that each felt he had learned from each of the others. They worked hard and were cooperative; there were few discipline problems. The atmosphere was busy but relaxed.

It was easier for the Metro School children to work attentively for relatively long periods of time, but in some ways adjustment to the Zoomer Class was more difficult for them than for the Re-Ed children. They were less accustomed to expressing their feelings and ideas before adults, and at first were more hesitant at the conference table than the Re-Ed children. The Metro School children at first also found it difficult to skip anything in working through a textbook. They quickly became adept, however, at finding ways to assess what they already knew, what they needed to learn, and when to move on to something new.

Impact of the Zoomer Class Academic Achievement Test Results

Metropolitan Achievement Tests (reading, arithmetic computation, and arithmetic problem solving) were administered to the children soon after the Zoomer Class began and again shortly before it ended. The time interval between pre- and posttests was 3 months. The normally expected gain of 3 months was reached or surpassed by both the Re-Ed and Metro School children in each academic area. Average gains ranged from 5 months in reading and arithmetic computation to 8 months in arithmetic problem solving. The Metro School children showed an average gain of 7 months in reading, 4 months in arithmetic computation, and 11 months in arithmetic problem solving. The Re-Ed children showed an average gain of 3 months in reading and arithmetic problem solving and 8 months in arithmetic computation.

In order to estimate what a child would have learned in the 3 months in a regular classroom, an average rate of learning prior to entrance into the Zoomer Class was calculated by taking a child's average pretest score and dividing it by the number of months he had spent in school prior to the pretest. Prior to the Zoomer Class, the Metro School children had learned at an average rate of 1.1 to 1.3 months for each month in school; the Re-Ed children had learned at an average rate of 0.4 to 0.5 months for each month in school. While in the Zoomer Class, three of the four Metro School children and two of the three Re-Ed children far exceeded their estimated expected gain.

Tests of attitude and cognitive style—On the 2 days prior to administration of the academic tests, both at the beginning and at the end of the Zoomer Class, two attitude inventories and a test of cognitive styles were individually administered to the children. Scores suggested that as a result

of experience in the Zoomer Class the children became more self-confident, learned to believe more strongly that their own behavior influences what happens to them, and learned to think longer before acting. These conclusions must be considered tentative because of lack of a control group, but it should be noted that the amount of change found in the Zoomer Class children in the 3-month interval far exceeded the amount of change over a 6-month interval in a control group used in another research project.

Reactions—The reactions of the Metro School faculty were quite positive, and the principal, in his evaluation of the Zoomer Class, made special note of the exceptional cooperation between the Zoomer Class and Metro School teachers. He also made three additional points: The Zoomer Class children were able to integrate into the total school program with success; the wide range of academic achievement represented in this class proved an asset to all of the children; and there was obviously a happy climate within the group.

The children's perspective—That the children enjoyed the class and would have liked to spend the entire school day there and continue there the following year was made clear by their unsolicited comments. Toward the end of the class, the teacher asked them a number of direct questions about their experience in the class. To the question, "What things about the class did you like best?" the children answered:

- Can work on projects peacefully, without being bugged.
- People like me and share with me.
- Assigning your own work.
- After we work 90 minutes, we can do what we want.
- I like the buddy system.
- I get more out of it because I can assign work I really need to do.

To the questions, "What would you do differently if you could do it over–" the children responded:

- I feel too free because the class is so small. I'd like to have two buddies because one could be busy when you want to work with your buddy.
- Instead of buddies being matched by age, be matched by interest and work together on the same project.
- Have responsibility for work for the room—like plants to water, or gerbils or an aquarium to take care of.

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Reprints from Laura Weinstein, Ph.D., Associate Professor of Psychology and Director, Research Group on Behavior Disorders of Children, John F. Kennedy Center for Research in Education and Human Development, George Peabody College for Teachers, Nashville, Tenn. 37203

An Experimental Resource Room for Behavior Problem Children

John P. Glavin, Herbert C. Quay, Frederick R. Annesley, and John S. Werry

The goal for public school education programs for the behaviorally disordered should be the reintegration of the child functioning behaviorally and academically at a level within the range which the regular class program accommodates. As an alternative to the special class, a resource room was adopted which attempted to develop a remedial program within that context, and to use the principles of reinforcement theory.

Faculty members of three participating elementary schools completed the Behavior Problem Checklist for any child the teacher felt was either extremely disruptive or withdrawn. Teachers also completed a form which requested information on the child's most disruptive times of the day, classroom activity and achievement at those times, and reinforcement preferences of the child. Between 40 and 50 children were referred from each school. Half of the children were randomly selected for part-time participation in the resource room; the remainder continued in their regular class and comprised the comparison group.

Children were from the second through the sixth grades; all had an IQ of at least 70. Of the 27 children in the experimental group who met the criteria for the analysis of academic gains, 14 attended the resource room for 2 periods a day and received instruction in both subjects, 11 attended for 1 period per day and were instructed in reading only, and 2 attended 1 period per day and received instruction in arithmetic only.

The resource rooms were not available for random problems at other times of the day. Instead, it was believed that the resource room teacher would be able to provide concrete suggestions and support in minimizing and handling behavioral crises in the regular classroom. In turn, the resource room teacher would rely on the regular teacher for many types of information as well as for a periodic check of the child's performance to determine if transference of results was accomplished from the resource room to the regular class.

The environment of the resource rooms varied in each of the three schools depending largely upon whatever free room was available at the beginning of the school year. Poker chips used as secondary reinforcers were employed to reinforce starting, maintaining, and completing assigned work. At the end of his last work section, the pupil would count his chips, report the total to the resource room teacher, and enter his chip total on a personal graph. The teacher would exchange 10 chips for a card which could then be spent immediately or saved for a higher valued item. The basic principle was to make desirable objects available for every child on both a short- and long-term basis. The distribution and exchange of points for reinforcers was accompanied with a brief, positive verbalization by the teacher. The reinforcers included toys, cookies, crackers, and fruit punch. The reinforcement system was used for behavioral management control. When classroom rules were violated, the child would be given a warning. If the behavior persisted, the child was removed from the opportunity to receive reinforce-

ments by being sent to the time-out room (cloak room). He could return to the resource room after being quiet for a minute or two.

One aim of the research was to compare overt behavior change in the resource room as compared to the control group. Observers gathered counts on three classes of observations: deviant behavior, on-task behavior, and teacher-pupil contact. Observing was to be done in a task situation where the rules were clearly defined. A second research aim was to evaluate academic gain. Different forms of the California Achievement Test were used for pre- and post-testing of all children referred.

The experimental and comparison groups were compared on four achievement gain scores. The experimental group improved significantly more in reading comprehension and arithmetic fundamentals. Using a two-way analysis of variance technique (pre-post-admission) for the treatment group, two separate analyses were made to compare changes in behavior of subjects in the resource room and subjects in the regular class during the time they were attending the resource room, with that of control subjects in the regular class.

These data suggest that in their behavior in the regular classroom both control and experimental subjects show an equal amount of significant improvement after the admission date to the resource room or the equivalent date for the control subjects. The data would also suggest that while the program was effective in improving the children's behavior in the resource room, this improvement does not appear to generalize into the regular classroom and is thus linked to the stimulus conditions and consequential events in the resource room. However, the lack of data necessitated comparison on a simple pre-post-admission split; if treatment in the resource room program had a considerable latency before becoming effective, this simple split might have obscured any treatment effect.

For this reason, a second analysis was done to examine behavioral changes as a function of time, using resource room subjects only since too few control subjects had sufficient data. The results showed that most of the improvement occurs immediately.

While the children's behavior can be changed rapidly and dramatically in the resource room situation, generalization into the regular classroom does not occur automatically, but requires deliberate attempts to generalize this improvement into the regular classroom. A further incidental finding is that all children improve as the school year goes on, independent of what treatment they get; this emphasizes once again the necessity for control groups in evaluating any remedial interventions.

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Reprints from John P. Glavin, Ed.D., Associate Professor, Department of Special Education, Temple University, Philadelphia, Pa. 19122

Day Care Centers in Europe: A Focus on Consequences for Mental Health

Gorden D. Jensen

In contrast with the United States, Europe has long had traditions of day care. In the summer of 1970 I surveyed six European countries with the aim of obtaining information that might be useful in devising optimal day-care facilities in the United States. This report describes and compares day care in Belgium, Czechoslovakia, and England.

Day Care in Belgium

In Belgium the percentage of mothers who work is increasing. A private organization, the O.N.E. (*L'Oeuvre Nationale de L'Enfance*), is authorized by the government to supervise and develop day-care centers throughout Belgium. Two kinds of day-care institutions are authorized by O.N.E. One is called a *crèche* or *Kinderkribbe* which has a capacity of 80 children ranging in age from 6 weeks to 3 years. The other, *Le Prégardiennat* (Pré-G), has a capacity of 20 children between 15 months and 3 years of age. Originally only children from poor families could attend, but this year the centers were opened to all families regardless of income. Day-care centers provide all well-child care including immunizations. The clinics prefer that mothers of children attend the clinic with their child. As is typical throughout Europe, a child is excluded when ill. When a child becomes ill his mother is called to pick him up. He cannot return until his private doctor has certified him to be completely well.

I visited a *crèche* and a *Pré-G* in Antwerp. It operates four *crèches* and 26 *Pré-G's* which meet only about 30 percent of a growing need.

The crèche—The location of crèches in the center of the city presents problems for parents because it means that many have to travel considerable distances during the peak traffic hours to leave and pick up their child. The crèche I saw in Antwerp is a modern, beautiful, roomy, square building with a large grass and garden court in the center. Designed to meet regulations drawn up in 1940, it is perhaps too expensive to be practical. Regulations restrict some large rooms to use only a small proportion of the day.

Each crèche is separated into two areas for age groups: (1) infants of 6 weeks to 15 months of age (and these are divided into two subgroups), and (2) children 15 months to 3 years of age. Their purpose in separating by ages is to reduce the amount of contagious disease.

Infants are stripped of their own clothes by their mothers when they are brought in the morning. In the adjoining room they are given a bath and are dressed in crèche clothes. Both procedures are designed to cut down on the spread of disease. Infants are then put into their crib for sleep.

Staffing ratio is one person for each six children. There are two kinds of attendants. One type, called *puericultrice,* are young women who have had no formal education but who have had 3 years of training. The other type are registered nurses. A large crèche has 12 puericultrices and two R.N.'s. The workers in the city crèches have a city position and usually stay at the job for a lifetime. The females in the private crèches work

about 5 to 8 years at their jobs.

Each infant under 8 months of age is assigned to one staff woman with whom he stays until he is 8 months old. He is then assigned to another person in the older infant group, which is kept separate from the younger group. When he is 15 months old his care person changes again, and he stays with her until he leaves the crèche at 3 years of age to enter a *gardiennat,* which is an all-day preschool.

Infants are generally fed on schedule. They are held when fed. Feedings are prescribed by the attending doctor who visits once a week. I saw few toys in the infant area. The entire building had an immaculate appearance. The crèche really looked too neat and sterile. There were only a few decorations on the walls, and these were uniform simple flower pictures and cut-outs at adult eye level.

The 15 month to 3-year olds, cared for in the other side of the building, never contact the younger groups. They, too, are bathed and dressed in crèche clothes in the morning. They play, eat, sleep, and go to the toilet at specified times.

The indoor play area was relatively barren of toys. The children outdoors in the court area were playing with balls, some wagons, and a few pull toys. There was no permanent play or climbing equipment in the yard. I observed a nurse reading a magazine, and the toddlers were interested in seeing the pictures. She did not take the cue to interact or offer a book. I saw few children's books in any of the centers.

The cost of operating the crèche is estimated conservatively at $3 to $4 per child per day. Parents pay on a scale according to their incomes, from 30¢ to $1.50 per child per day. The difference is made up by the city and government subsidy distributed by O.N.E.

The Prégardiennat (Pré-G)—The Pré-G concept is relatively new. They are distributed throughout the city, usually attached to an elementary school. Pré-G's are run either by towns, parochial schools, or by private groups and partially subsidized by O.N.E. The Pré-G's are described as having more of the family type atmosphere than the crèches. The children are all in a single group. They wear their own clothes except for diapers and uniform bibs. A Pré-G generally has only two full-time persons, and sometimes a part-time person to help out.

The Pré-G that I visited was located in a recently remodeled brick cottage. The playroom was richly furnished with toys, all neatly arranged. There was a large playroom, a separate eating room, and separate sleeping rooms upstairs. The only fixed large outdoor equipment was a sandbox. I compared illness records and found that in the past year this Pré-G had less than half as much absence due to illness compared with the crèche.

I believe that I was shown day-care facilities considered by the Belgians to be among their best. However, some precautions to prevent illness are of unproven effectiveness and are also unfavorable for good mental health. The degree of cleanliness gives a sterile atmosphere to the environment. Many of the children must be deprived of stimulation and this is even more severe for the infants in cribs with solid sides.

The crèche practice of dressing children in crèche clothes is of dubious value in preventing the spread of illness. It also unfortunately emphasizes the discontinuity of living between home and crèche. No effort is

made to incorporate parents into the crèche routine or activities. There appears to be little utilization of information from parents about their children. The general attitude appears to be that the crèche knows best.

The regimentation, routinization, and the generally subdued quality of care and discipline gives one the impression that the children will develop compliant, but inhibited personalities. O.N.E. is now planning revisions of standards and policies. The Belgian system of a government supported private agency which controls, develops, and supervises day-care centers is an interesting model and would appear to have a number of advantages. Just how successful it can be in developing a system which is optimal for the child will await the results of policies now in drafting stage.

Day Care in Czechoslovakia

Czechoslovakia has a larger system than any western European country. They have state supported day-care centers with a capacity for about 10 percent of the population between birth and 3 years. However, this does not meet the needs since the percentage of working mothers is high.

In an effort to solve the problem, several new policies are being instituted. The government now pays mothers to stay at home if they have at least two children under the age of 3. As a second solution they are starting "microcenters." These consist of one woman who cares for up to four or five children in her own home or apartment. They are regulated and supported by the health department. In a microcenter the children appear to get more care than in a day-care center, and perhaps there is a lesser amount of illness. A child who has too frequent illnesses or behavioral disorders may be encouraged to transfer into this kind of day-care facility. Microcenters are not proving to be entirely satisfactory because of problems of unreliability of the women in the homes. Another problem is the extensive and complicated forms to be filled out by the women and the trouble they have fitting into a rather complex organization.

There are two types of day-care facilities in Czechoslovakia: younger children age 6 months to 3 years go to day-care centers supervised by the Ministry of Health; older children 3 years to 6 years go to nursery school or kindergarten supervised by the Ministry of Education. Children under the age of 6 months do not generally have day care because all mothers have a government paid leave of absence for 6 months after the birth of their child. In both types of day-care facilities children stay the entire day and may stay all night as well. Usually the child goes home for weekends.

The children are separated into age groups of infants, toddlers, and older preschoolers. Care and management is highly routinized and regimented. There is little attention to individual needs of children. For example, all of the children wear uniforms, and they may go out walking holding onto a string, one after the other, all in a row. The caring persons do not try to facilitate small groups of children playing together spontaneously doing things in which they are interested.

Parents are completely excluded from the day-care operation. They may not even enter the rooms where the children eat, sleep, or play. Some of these rules or procedures stem from the regulations of the state employed epidemiologists who have quite a bit of power over the day-care centers. They are concerned with physical health but not with mental health.

The Czechs are aware of the necessity for providing children with adequate stimulation. In 1964 a Czechoslovakian psychologist prepared a program for centers which is designed to provide children with adequate environmental stimulation. This includes having the caretakers do periodic developmental assessments of the child.

Czechoslovakian day-care centers have implemented some modern ideas about an optimally stimulating environment for a child. In order to see how effective it is, one would need to observe how the caretakers interact with the children. Since they apparently do not have the concept of individual attention to the child, one wonders if they provide the child with the feedback to his responses necessary to make the stimuli meaningful. It is possible that other countries could benefit by a study of their system of insuring adequate environmental stimulation for the young child. One major disadvantage of the system is that state officials in charge of and controlling most aspects of day-care centers are not child-development oriented. Expediency in the eyes of a bureaucrat or the implementation of disease control by a hygienist, without concern for its effects on child development, can have adverse consequences for mental health and cognitive development.

Day Care in England

The health department of each borough of London operates "day nurseries." They take children between the ages of 6 weeks and 5 years. Priority is given to mothers who are unmarried, separated, or divorced, or to families which are socially inadequate. Mothers pay according to their abilities; many pay either nothing or only 2 shillings per day (25¢). Day nurseries average about 65 children. Some have as many as 80. They operate between 8:00 a.m. and 5:30 p.m. Well-child care is provided by a doctor who visits the nursery once every 2 weeks and is on call. This doctor sees each child once every 3 months. A dentist sees the children once every 6 months, and those children who need dental care are sent to the dental clinic where care is provided free of charge under the national health service.

I visited the Coram's Gardens Day Nursery, located near the teaching hospital for the University of London. It is situated in a spacious garden and park specifically devoted to the use of children. The infants, age 6 weeks to a year, are cared for in a separate room. One staff person is assigned to each three infants. The infants, although generally separate, are occasionally intermingled with the older children. Children between 1 and 5 years old are not separated into age groups. They consider it old-fashioned to separate children in groups according to age. For these children there is one staff worker for each five children.

Each child is assigned to a staff person who stays with a group for as long as 2 or 3 years. Children wear their own clothes. Infants are fed on self-demand. Children that arrive before 8:30 a.m. are given breakfast. Lunch is at 11:30 a.m. High tea (full supper) is at 3:30 p.m. Only those who require a nap or need it as evidenced by their willingness to sleep are put down to nap.

There were a great deal of play materials in all of the play areas. The walls were profusely decorated with the children's productions. In terms of stimuli and equipment, it was a richer environment than I saw in any other European country.

Day care in England differs sharply from that on the continent in a number of respects. First, there are no separate age groupings of children. Since each child has both younger and older companions, he has the chance to learn from them both. Second, there is much more flexibility in the scheduling of activities and more attention to individual needs of the child. Children are allowed to form groupings and participate in behavior that interests them. Third, there is much less regimentation. Fourth, the environment is rich in stimuli and equipment. Fifth, there is greater continuity of caring persons. All of these factors promote mental health and should give the English children considerable advantage over those children in day-care centers on the continent. However, day-care centers in England are available essentially only to unmarried mothers, divorced mothers, and children from families with social problems.

This survey draws attention to models and options which should be considered as America begins to develop policies and programs. Typically, the emphasis in American early childhood education is on making the child intellectually all right or raising his IQ. There is need for more attention to the impact of day care on the whole child.

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Learning from Play in Other Cultures

Frederick N. Ebbeck

Older children in New Guinea, when not gardening or fishing or hunting, usually play with simple toys made from materials from their natural surroundings—nuts, twigs, coconut palm, for example. If the children live by the sea, they surf for hours, often with an impromptu surfboard made from bits and pieces of wood. Children, and adults too, spend countless hours swimming and fossicking around coral reefs for shells and fish. These people enjoy the sea because it provides them not only with food and a place to wash but also opportunity to relax from other daily chores.

At other times the New Guinean child, when he is not in school, is required to work in the family gardens. Gardening is not easy work and all children in the family, as soon as they are able to carry a hoe, are expected to do their share of cultivating the gardens. Girls are expected to keep the home tidy, to cook food, to care for younger children, to garden and gather fruit. I have seen few dolls used as playthings by the New Guinean girls. They do not seem to need them as the families are usually large and there are always younger siblings to care for all day long.

These observations of the play of New Guinean children are similar in many respects to the observations of educators who have studied children in other non-Western cultures. In East Africa play is, in a way, an antidote for the sterile environment found in many African homes. Unfortunately play in these homes is not encouraged, as parents consider children to be young adults who must take their share of the daily chores surrounding their utilitarian way of living. Children of India possess few of the toys and other play materials that American children have. They seem to need fewer, for in most cases the Indian child is included and absorbed in the life of the family and community.

This kind of play is in direct contrast with that of urban, middle-class American children of all ages, who are surrounded with a multitude of toys. American children become emotionally involved with the activities and objects of their play. In the past American parents allowed and even encouraged their children's spontaneous fantasy play. Generally speaking, middle-class parents understood their children's fantasy play and the value of it as an aid in the total development of the child. However, a large number of middle-class parents are now inclined to look for more observable signs of development, especially cognitive development in the form of academic achievement, and tend to direct children's play toward this achievement. Many parents would rather have their children sit and watch an "educational" program on television than encourage them to become involved in a make-believe world.

Culture and Cognition

The course of growth, of cognitive and effective growth, is not parallel for all children in all cultures or at all levels of any one culture. When we speak of children living in their environments we must remember that children come to school with a wide variety of background experiences. For example, a study investigating the

development of mathematical concepts of number, quantity, and space among Ghanaian children and comparing the results with the results of English children at the same tasks, the English children greatly excelled the Ghanaian. The result is largely due to the "mathematically enriched" background of the English children.

What the example points up is the difference between what the Ghanaian culture *sees* to be important and necessary for the growth and development of their children with what the English culture *sees* to be important. It is likely that, given the appropriate apparatus and paraphernalia to play with to gain a similar experiential background, the Ghanaian children would be as mathematically able as their English counterparts. No doubt the Ghanaians have other qualities that are more highly developed than is the case with their English counterparts.

Three Lessons

Teachers can learn much from a study of play in different cultures. First, the cultural aspect of play is particularly significant in the contemporary American educational scene. Many subcultures, especially the less affluent ones such as those of the Indians, Mexicans, poor whites, and poor blacks, view play in much the same way as do many of the African and New Guinean peoples. As the business of the day must come first, play to them is something to do after work is finished—even for children.

The "disadvantaged" child brings with him to school a wealth of experiences that are part of his environment. Every child brings countless attributes with him to his school on which an alert and understanding teacher can capitalize. We too often take the stereotype of the middle-class model as being the ideal when really there is no model. The middle-class child can be just as "deprived" emotionally, socially, and intellectually as the child from the supposedly lower socioeconomic levels.

A second lesson we can learn from a cultural study of play is that not only do individual cultures value play in different ways; but educators, too, value it in different ways, and for different purposes. In the United States some teachers view play as the antithesis of work and structure their classrooms accordingly. Similarly other teachers attempt to capitalize, often overcapitalize, on the child's desire to play. Others think that teacher (or adult) interference with or promotion of self-organized play only hastens its demise.

Part of the difficulty appears to be confusion in the minds of many teachers as to the distinction between spontaneous play and directed play. They are not synonymous. Spontaneous play is often described as the child's own way of preparing himself for life, in his own terms. Not consciously influenced by the desires of adults, it takes many forms—such as make-believe, fantasy, the imaginary companion. Through this kind of play the child manages to solve his problems to *his* satisfaction. Directed or structured play, on the other hand, is instigated, stimulated, and directed by others—usually adults, parents, and teachers. The aim or goal of such play is predetermined by the adult. The amount of direction varies from mere suggestion by the adults as to action and materials to prescription as to what is to be played, its rules and required outcomes.

The push for "educational" play began quite some time ago. We have reached the point where it now re-

quires many thousands of dollars to set up, adequately, an early childhood classroom. We have taken the child's instinctive need for spontaneous play and turned this need into a gigantic educational industry with the major shareholder, ironically, being the media and materials manufacturers and not the child.

As children become adults, they increasingly devalue play until it eventually becomes the opposite of work. We teachers, as adults, frequently have this conception of play and consequently look for every opportunity to turn spontaneous play into work play. Somehow we overlook the serious role that play assumes in the creative effort of the child. We think of play as recreation rather than *re*creation.

The great influx of commercially made "educational" toys for use by children in their play further stimulates parental concern with children's learning even before they begin school. Children at home are compared with one another as to how well or how poorly they can or cannot thread beads, sort blocks into colors, shapes, sizes, and so on. One more move in the trend to overcapitalize on children's innate desire for play! Because we lack a sound understanding of play, we have allowed its exploitation.

The third lesson we can learn from play in other cultures is that although the competitive element sometimes exists in children's play, other times it is nonexistent. Formalized schooling has so structured play in the American culture that success at whatever children are playing is overemphasized. We have introduced, insidiously, the element of competition into what should be a normal natural desire to play. The desire to win, to please the adult, to receive a reward has thus become the goal of the game in our "educative play."

Certain North American Indian peoples, on the other hand, regard competition in educational fields as foreign to their culture and tradition. For quite some time their teachers failed to modify teaching methods to accommodate this cultural trait. I have seen something similar in New Guinea where Western ideals of play have been introduced, sometimes imposed, into the traditional non-Western culture. By and large, formalized schooling, which is a product of Western society, generates individual competition.

Teachers should give careful thought to the merit or otherwise of competition in education. Even though we can rationalize that as children live in a competitive world they need to get used to competition in their schools, this reasoning is psychologically unsound.

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Emergent Directions in School Mental Health

Emory L. Cowen

Recent surveys indicate that roughly 30 percent of all children have school maladaptation problems ranging from mild to severe. In some quarters, that figure is as high as 70 percent. The magnitude of the mismatch between school-failure data and resource data dictates consideration of alternative conceptualizations and stratagems to guide future school mental health approaches. Greater attention must be directed to engineering school environments that potentiate adaptation, developing delivery systems that feature widespread early identification of ineffective school function, and creating interventions designed to short-circuit maladaptation. Such efforts must pay heed to the realities of current manpower shortages if they are to be successful. We shall describe here the development and evaluation of a long-range program for early detection and prevention of school maladaptation which offers a logically attractive alternative to past after-the-fact, crisis-oriented school mental health delivery systems.

The Early Years, 1958–1969

Our work on the Primary Mental Health Project (PMHP), spanning 13 years, falls into three periods. In the first, 1958 to 1963, new techniques for early identification of school maladaptation and a primitive program in early secondary prevention were developed. Estimates of actual, or incipient, school maladaptation were formulated for first-grade children based on an amalgam of four sources: group psychological screening of intellectual and personality status, social work interviews with mothers, direct classroom observation, and teachers' reports of the child's behavior and educational status. Based on these data a dichotomous clinical judgment was rendered for each child. Later research clarified the basis for this judgment and established a framework for rendering continuous judgments of school adaptation.

Initial secondary preventive efforts, over a 3-year period, were built around recasting the professional's role away from traditional one-to-one clinical services for crises, toward educative, resource, and consultative functions. The two key conclusions emerging from our initial work were that ineffective function can be accurately identified early in the child's school career and, without intervention, it has serious later consequences, and that there are significant positive effects, along several important dimensions, of an early secondary prevention program.

Nonprofessional Aides

However accurate and efficient programs for early detection may be, their social value has been limited by an inability to follow through with appropriate remediation. This failing has been due both to the way society's interpersonal helping resources have been defined and to current acute shortages in professional mental health manpower. At the time we had to face this dilemma, important new explorations of the use of nonprofessionals in human service were getting under way. We recruited a group of six housewives, judged to be warm, natural, interpersonally adept, themselves effective mothers, with a strong interest in working with children, to

serve as child-aides with maladapting primary-graders. These women came from middle-class backgrounds, had a median high school education, and were on the average in their early forties. Training was focused and brief (6 weeks). Its two major purposes were to develop an understanding and way of thinking about school adjustment problems and to minimize the anxiety some aides felt about prospective human service contacts with maladapting children.

Aides were hired as half-time employees to permit regular, planful interactions with children experiencing difficulties. After background information about the child, from various sources, was shared and objectives established, the aide began to meet regularly with him. Evaluations of aide-seen vs comparable control children, based on a series of rating scales tapping the child's behavioral and educational progress, indicated that the program is seen as effective by teachers, aides, and parents alike.

Recent Developments

The project's first decade developed methods for early detection of ineffective school function, studied its incidence, and assessed the efficacy of early secondary interventions. Research indicated that the model was workable and merited expansion from its initial experimental-demonstration base to one of broader system impact. A plan evolved to extend the project to six Rochester and five county schools in three adjacent districts. These 11 settings represented a wide range, including large and small schools; exclusively primary and traditional elementary schools; locales ranging from the inner-city ghetto to relatively affluent suburbia.

While different saturations, particularly in professional time, in the several settings detract from program uniformity, they accurately mirror reality of the current resource scene. The challenge they present is: "Given fixed and less than ideal resources in a setting, what programs and personnel deployments are most promising?" The linking orientations that bring programs together under a single umbrella are: their shared emphasis on early detection and prevention of school maladaptation; their use of professionals as consultants and resource people, and building direct child-helping services around nonprofessional child-aides.

The Program in Action

For the 1969–70 school year, the expanded PMHP had a 6-month "build-up" period in the 11 participating schools during which professionals, many newly assigned, became known to school personnel, oriented them to project workings, made necessary space arrangements, and established referral systems. Training professionals and recruiting and training child-aides also took place during the build-up period.

The program's actual child-serving operations began in March 1970. By then schools had generated ample slates of child-referrals. Roughly 330 children were seen during the 3-month "debugging" period in the spring. During the 1970–71 academic year, 531 children were referred to the program, including about 150 carry-overs from the preceding spring. The total includes most youngsters with serious maladaptive problems who otherwise would have gone without help.

Often aides see children two times a week for relatively brief sessions. At peak, the aide group renders about 800 child-serving contacts weekly, suggesting that a program of this

magnitude can generate at least 20,000 child-contacts annually. Since specific empirical relations among types of maladaptation, frequency of contact, and outcome are not yet established, diverse allocations of aide resources are being explored.

Children who show minor deviations are often effectively handled within the teacher's well-established repertoire of classroom-management techniques. However, when a problem defies "normal" handling or assumes "serious" proportions in her eyes, the teacher solicits help. PMHP stands as a potential resource in such instances. The principal difficulties that elicit the call for help are learning disabilities, problems of withdrawal and undersocialization, and those of hyperactivity, aggressiveness, and distractibility. When the teacher determines that a more serious failing is present, or well along in process, she submits a referral to the mental health professionals indicating briefly the nature of the difficulty. Occasionally referrals come from other school personnel or from parents.

Available sources of information about the child are pooled at the time of referral. These include the referral statement itself; prior screening information obtained routinely for all children early in the school year; and data from the social worker's contact with the mother. A staff conference is held, including mental health professionals serving as consultants, the teacher, prospective aide, and involved "others" who interact with the child, to piece together available information, arrive at a preliminary understanding of his difficulties, and establish a set of working goals.

Further Training and New Roles

Training for all project personnel is seen as on-going and open-ended. Professionals continue to have regular biweekly training sessions to consider current problems of project conduct and management. They provide on-the-job supervision and case-review sessions for aides. Teacher involvement is facilitated through use of substitute teachers, which allows regular teachers to participate with professionals and aides in conferences concerning the children during school hours. If the teacher learns to cope with budding dysfunction more effectively in the classroom, an important step toward primary prevention has been achieved.

Project staff provide extensive consultation to participating schools, with a broad range of objectives. Among the most basic is to strengthen the hand of program participants so that they can come to function more independently. "Modeling" the consultant's role for school professionals and professionals-in-training furthers this end. Another consulting objective is to clarify project aims and roles continually so that they can be carried out most effectively. When difficulties come up, the consultant fulfills important information-finding and trouble-shooting roles.

Currently, to extend the projects' consulting arm, four senior aides have assumed consultative responsibilities. These women, each with 6 years of prior supervised experience with children serve as resource-persons for new aides. We discovered that contact with seasoned aides was among the most useful, informative, and reassuring of all possible experiences for aides-in-training.

The delivery system described, aiming as it does for geometric expansion of helping services, requires, in addition to new manpower uses, changing professional roles. The professional abandons a substantial portion of

traditional, direct clinical service functions in favor of activities described as mental health "quarterbacking." The cadre of nonprofessionals brought into line-contact roles extends the mental health helping arm significantly by bringing service to a substantial segment of maladapting school children who might otherwise become casualties of the system. Reality, logic, and cost economics favor this new approach. The professional in this new program in no sense becomes obsolescent; rather he assumes new, more socially utilitarian roles that significantly extend the reach of needed services.

Research Components

From the start, the project has heavily emphasized research. Our research net touches, directly or indirectly, roughly 20,000 persons, including children, teachers, parents, school personnel, and mental health professionals and nonprofessionals. Thus, sheer problems of numbers are overwhelming. Many of our "responders" understandably feel distant, or removed, from the research operation. Hence we expect, and get, some careless responding, overt noncooperation, and passive aggression. Impure data, weakened experimental designs, and absence of ideal controls are, for us, chronic hazards.

Another order of research problem stems from the rapid flux of the current urban educational scene. New programs are continually being introduced. School structures and compositions are changing. This makes for very real, built-in research risk, since basic change in school organization or programs becomes experimental noise confounding the supposed "main effect" of concern—the project itself.

Such realistic limitations notwithstanding, research on all facets of the project proceeds energetically. Past studies and those underway include methodological and substantive investigations, outcome evaluations, process analyses, selection and prediction studies, and examination of the complex interrelations among these classes of variables.

We are, of course, centrally concerned with the effectiveness of the program and its components. In the immediate sense, this calls for specific evaluation of the aid program, based on comparison of the behavioral and educational development of youngsters exposed to it and otherwise comparable controls. Over longer periods our evaluation framework will be broadened to allow comparison of *all* children in project vs control schools on relevant measures of educational and personal development.

While the project's research emphasis is on outcome, process, and aide-characteristics data and their interrelations, additional work is in progress that does not neatly fit these pigeonholes. For example, we are vitally concerned with developing information on utilization of project resources. Such work provides two important classes of information: establishing the scope and "power" of the model used and developing concrete facts about specific utilization patterns for individual schools. The former information, combined with effectiveness data, makes possible cost/benefit analyses that facilitate comparison of the present approach both to traditional school mental health programs and other interventions which stand as likely alternatives to this program. Providing concrete utilization data to individual schools allows each to see graphically how it has deployed its own resources, whether such use gives an optimal "needs/resources" match,

and, if not, to correct course so as better to approach that balance.

Project evaluation has heretofore been limited to relatively short-term effects. However, through the availability in this community of the comprehensive, cumulative Psychiatric Register of hospital, clinic, and private contacts with mental health practitioners, the temporal scope of followup evaluation is being extended.

Whatever the satisfactions of the project experience, however much one may be persuaded that its delivery system is both logical and effective, there is a growing conviction on our part that it is insufficient. It has thus far been a program for early secondary prevention, and has not engaged the critical challenges of primary prevention. There are several reasons why this is so. First, primary prevention requires knowledge and skills that far transcend those of the mental health professional. Second, it has an ethereal quality because its pay-off criteria are abstract and futuristic. Schools by contrast, are heavily oriented to concrete, immediate problems that must be solved, if not instantly, than 5 minutes hence. In periods of fiscal austerity, school mental health priorities are given to glaring here-and-now difficulties.

It is sure that no matter how a school is set up, it is an institution that profoundly influences child development. The choice we face is whether that influence is to be random or informed. Accordingly, the most important future role we can envision for the school mental health professional is as a social system analyst and social engineer. His challenge—and opportunity—must be measured in terms of how he can help to build health rather than how he can combat pathology. Optimally conceived, the school environment should potentiate adaptation for all children.

Condensed from the *American Scientist*, 59(6):723–733, 1971. Copyright 1971 by The Society of Sigma Xi.

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After Deschooling, What?

Ivan Illich

As attention focuses on the school, we can be easily distracted from a much deeper concern: the manner in which learning is to be viewed. Will people continue to treat learning as a commodity—a commodity that could be more efficiently produced and consumed by greater numbers of people if new institutional arrangements were established? Or shall we set up only those institutional arrangements that protect the autonomy of the learner—his private initiative to decide what he will learn and his unalienable right to learn what he likes rather than what is useful to somebody else?

Schools Reproduce Society

All over the world schools are organized enterprises designed to reproduce the established order. Everywhere the loss of pedagogical credibility and the resistance to schools provide a fundamental option: Shall this crisis be dealt with as a problem that can, and must, be solved by substituting new devices for school and readjusting the existing power structure to fit these devices? Or shall this crisis force a society to face the structural contradictions inherent in the politics and economics of any society that reproduces itself through the industrial process?

This crisis is epochal. We are witnessing the end of the age of schooling. School has lost the power to blind its participants to the divergence between the egalitarian myth its rhetoric serves and the rationalization of a stratified society its certificates produce. The loss of legitimacy of the schooling process as a means of determining competence, as a measure of social value, and as an agent of equality threatens all political systems that rely on schools as the means of reproducing themselves. School is the initiation ritual to a society oriented toward the progressive consumption of increasingly less tangible and more expensive services, a society that relies on worldwide standards, large-scale and long-term planning, constant obsolescence through the built-in ethos of never-ending improvements: the constant translation of new needs into specific demands for the consumption of new satisfactions. This society is proving itself unworkable.

Superficial Solutions

Inadequate analysis of the nature of schooling only postpones the facing of deeper issues. The criticism of the educator is leveled at what is taught and how it is taught. The curriculum is outdated, so we have courses on African culture, on North American imperialism, on Women's Liberation, on food and nutrition. Passive learning is old-fashioned, so we have increased student participation, both in the classroom and in the planning of curriculum. School buildings are ugly, so we have new learning environments. There is concern for the development of human sensitivity, so group therapy methods are imported into the classroom. Critics of urban school administration feel that the poor could run their schools better than a centralized bureaucracy that is oblivious to the problems of the dispossessed. Black parents are enlisted to replace white teachers in the motivation of their children to make time and find the will to learn. Other critics emphasize that schools make inefficient use of modern technology.

They would either electrify the classroom or replace schools with computerized learning centers.

All these critics miss the point, because they fail to attend to the ritual aspects of schooling—what I call the "hidden curriculum," the structure underlying what has been called the certification effect. I use the term "hidden curriculum" to refer to the structure of schooling as opposed to what happens in school, in the same way that linguists distinguish between the structure of a language and the use the speaker makes of it.

The Real Hidden Curriculum

The traditional hidden curriculum of school demands that people of a certain age assemble in groups of about 30 under the authority of a professional teacher for from 500 to 1000 times a year. It does not matter if the teacher is authoritarian so long as it is the teacher's authority that counts; it does not matter if all meetings occur in the same place so long as they are somehow understood as attendance. The hidden curriculum of school requires that a citizen accumulate a minimum quantum of school years in order to obtain his civil rights.

The hidden curriculum of school has been legislated in all the united nations. Whatever the ideologies and techniques explicitly transmitted in their school systems, all these nations assume that political and ecomonic development depend on further investment in schooling. The hidden curriculum teaches all children that economically valuable knowledge is the result of professional teaching and that social entitlements depend on the rank achieved in a bureaucratic process. The hidden curriculum transforms the explicit curriculum into a commodity and makes its acquisition the securest form of wealth. School is universally accepted as the avenue to greater power, to increased legitimacy as a producer, and to further learning resources.

For all its vices, schools cannot be simply and rashly eliminated; in the present situation it performs certain important negative functions. The hidden curriculum, unconsciously accepted by the liberal pedagog, frustrates his conscious liberal aims, because it is inherently inconsistent with them. But it also prevents the takeover of education by the programed instruction of behavioral technologists. If the school continues to lose its educational and political legitimacy, while knowledge is still conceived as a commodity, we will certainly face the emergence of a therapeutic Big Brother.

Expanding of the Concept of Alienation

Schools have alienated man from his learning. He does not enjoy going to school. If he is poor he does not get the reputed benefits; if he does all that is asked of him, he finds his security constantly threatened by more recent graduates; if he is sensitive, he feels deep conflicts between what is and what is supposed to be. He does not trust his own judgment of the educator, he is condemned to accept it and to believe that he cannot change reality. The converging crisis of ritual schooling and of acquisitive knowledge raises the deeper issue of the tolerability of life in an alienated society.

As more and more sectors of society become dissatisfied with school and conscious of its hidden curriculum, increasingly large concessions are made to translate their demands into needs that can be served by the system—and thus disarm their dissent. As the hidden curriculum moves into

our awareness, phrases such as the "deschooling of society" and the "disestablishment of schools" become instant slogans. Unless the radical critics of school are not only ready to embrace the deschooling slogan but also prepared to reject the current view that learning and growing up can be adequately explained as a process of programing, and the current vision of social justice based on it—more obligatory consumption for everybody—we may face the charge of having provoked the last of the missed revolutions.

Schools Are Too Easy Targets

Schools are authoritarian and rigid; they produce both conformity and conflict; they discriminate against the poor and disengage the privileged. Once the vulnerability of schools has been exposed, it becomes easy to suggest remedies for the most outrageous abuses. The authoritarian rule of the classroom is not intrinsic to the notion of an extended confinement of children in schools. Free schools are practical alternatives; they can often be run more cheaply than ordinary schools. Since accountability already belongs to educational rhetoric, community control and performance contracting have become attractive and respectable political goals. Everyone wants education to be relevant to real life, so critics talk freely about pushing back the classroom walls to the borders of our culture.

Most of the changes have some good effects. Yet all these alternatives operate within predictable limits, since they leave the hidden structure of schools intact. Free schools, which lead to further free schools in an unbroken chain of attendance, produce the mirage of freedom. Attendance as the result of seduction inculcates the need for specialized treatment more persuasively than reluctant attendance enforced by truant officers. Free school graduates are easily rendered impotent for life in a society that bears little resemblance to the protected gardens in which they have been cultivated. Community control of the lower levels of a system turns local school board members into pimps for the professional hookers who control the upper levels. Learning by doing is not worth much if doing has to be defined, by professional educators or by law, as socially valuable learning. These dangers are exemplified by various kinds of coopting that change the hidden curriculum without changing the basic concepts of learning and of knowledge and their relationship to the freedom of the individual in society.

Benign Inequality

The discrediting of school-produced, complex, curricular packages would be an empty victory if there were no simultaneous disavowal of the idea that knowledge is more valuable because it comes in certified packages and is acquired from some mythological knowledge-stock controlled by professional guardians. Only actual participation constitutes socially valuable learning, a participation by the learner in every stage of the learning process, including not only a free choice of what is to be learned and how it is to be learned but also a free determination by each learner of his own reason for living and learning.

Social control in an apparently deschooled society could be more subtle and more numbing than in the present society. More intimate forms of manipulation are already common, as the amount learned through the media exceeds the amount learned through personal contact in and out of school. Learning from programed

information always hides reality behind a screen. The consumer of precooked knowledge learns to react to knowledge he has acquired rather than to the reality from which a team of experts has abstracted it. If access to reality is always controlled by a therapist and if the learner accepts this control as natural, his entire worldview becomes hygienic and neutral; he becomes politically impotent.

The uncritical disestablishment of school could also lead to a new performance criteria for preferential employment and promotion, and, most importantly, for privileged access to tools. Our present scale of "general" ability, competence, and trustworthiness for role assignment is calibrated by tolerance to high doses of schooling. It is established by teachers and accepted by many as rational and benevolent. New devices could be developed, and new rationales found, both more insidious than school grading and equally effective in justifying social stratification and the accumulation of privileges and power.

Participation in military, bureaucratic, or political activities or status in a party could provide a pedigree transferable to other institutions. General tests of attitudes, intelligence, or mechanical ability could be standardized according to criteria other than those of the schoolmaster. They could reflect the ideal levels of professional treatment espoused by psychiatrist, ideolog, or bureaucrat. Academic criteria are already suspect. Revolutionary groups try to prove that ideology and militancy are types of "learning" that convert more suitably into political and economic power than scholastic curricula. Unless we guarantee that job relevance is the only acceptable criterion for employment, promotion, or access to tools, thus ruling out not only schools but all other ritual screening, then deschooling means driving out the devil with Beelzebub.

The Need for Political Objectives

The search for a radical alternative to the school system itself will be of little avail unless it finds expression in precise political demands: the demand for the disestablishment of school in the broadest sense and the correlative guarantee of freedom for education. This means legal protections, a political program, and principles for the construction of institutional arrangements that are the inverse of school. Even these actions, however, do not guarantee freedom of education unless they are accompanied by positive recognition of each person's independence in the face of school and of any other device designed to compel specific behavioral change or to measure man in the abtract rather than to measure man for a concrete job.

Schools have made teachers into administrators of programs of manpower capitalization through directed, planned, behavioral changes. Schools have made "learning" a specialized activity. Deschooling must be the secularization of teaching and learning. It must involve a return of control to another, more amorphous set of institutions, and its perhaps less obvious representatives. The learner must be guaranteed his freedom without guaranteeing to society what learning he will acquire and hold as his own. Each man must be guaranteed privacy in learning, with the hope that he will assume the obligation of helping others to grow into uniqueness.

Three Radical Demands

An analysis of the present crisis of school leads one to talk about the so-

cial structure necessary to facilitate learning, to encourage independence and interrelationship, and to overcome alienation. This kind of discourse is outside the usual range of educational concern. It leads, in fact, to the enunciation of specific political goals. These goals can be most sharply defined by distinguishing three general types of "intercourse" in which a person must engage if he would grow up.

If a person is to grow up, he needs, in the first place, access to things, places, processes, events, and records. To guarantee such access is primarily a matter of unlocking the privileged storerooms to which they are presently consigned. The poor child and the rich child are different partly because what is a secret for one is patent to the other. By turning knowledge into a commodity, we have learned to deal with it as with private property. The first goal of a political program aimed at rendering the world educational is the abolition of the right to restrict access to teaching or learning. This means more than merely improving the distribution of teaching materials or providing financial entitlements for the purchase of educational objects. The abolition of secrets clearly transcends conventional proposals for educational reform, yet it is precisely from an educational point of view that the necessity of stating this broad political goal is most clearly seen.

The learner also needs access to persons who can teach him the tricks of their trades or the rudiments of their skills. For the interested learner, it does not take much time to learn how to perform most skills or to play most roles. The best teacher of a skill is usually someone who is engaged in its useful exercise. We tend to forget these things in a society in which professional teachers monopolize initiation into all fields and disqualify unauthorized teaching in the community. An important political goal, then, is to provide incentives for the sharing of acquired skills.

The demand that skills be shared implies a much more radical vision of a desirable future. Scientific knowledge is incorporated into tools that are highly specialized and that must be used within complex structures set up for the "efficient" production of goods and services for which demand becomes general while supply remains scarce. The simplest way to state the alternatives to this trend toward specialization of needs and their satisfaction is in educational terms. In order to facilitate more equal access to the benefits of science and to decrease alienation and unemployment, we must favor the incorporation and scientific knowledge into tools or components within the reach of a great majority of people.

To recognize, from an educational point of view, the priority of guaranteeing access to tools and components whose simplicity and durability permit their use in a wide variety of creative enterprises is simultaneously to indicate the solution to the problem of unemployment. The problem is usually "solved" by creating more jobs in service industries like the military, public administration, education, or social work. Educational considerations oblige me to recommend the substitution of the present mode of industrial production, which depends on a growing market for increasingly complex and obsolescent goods, by a mode of postindustrial production that depends on the demand for tools or components that are labor intensive and repair intensive, and whose complexity is strictly limited.

Self-Evident Educational Freedoms

The level of education in any society can be gauged by the degree of effective access each of the members has to the facts and tools that affect his life. Such access requires a radical denial of the right of secrecy of facts and complexity of tools on which contemporary technocracies found their privilege, which they, in turn, render immune by interpreting its use as a service to the majority. A satisfactory level of education in a technological society imposes important constraints on the use to which scientific knowledge is put. Only an enlightened and powerful majority can impose such constraints.

If access to facts and use of tools constitute the two most obvious freedoms needed to provide educational opportunity, the ability to convoke peers to a meeting constitutes the one through which the learning by an individual is translated into political process—and political process, in turn, becomes conscious personal growth. This requires the guaranteed freedom for every individual to state, each day, the class of issue which he wants to discuss, the class of creative use of a skill in which he seeks a match, and, within reason, to find the circumstances to meet with peers who join his class. Modern electronics, photo-offset, and computer techniques in principle have provided the hardware that can provide this freedom with a range undreamt of in the century of enlightenment.

On the other hand, those who are both dispossessed and disabused of the dream of joy via constantly increasing quanta of consumption need to define what constitutes a desirable society. Only then can the inversion of institutional arrangement be put into effect—and with it a technological society that values occupation, intensive work, and leisure over alienation through goods and services.

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The Impact of Schools on Learning: Inner-City Children in Suburban Schools

Thomas W. Mahan and Aline M. Mahan

After a 1966 report by the U.S. Office of Education, the attempt to desegregate schools in northern communities was intensified. This permits an empirical critique of two hypotheses: the average achievement level of the classroom is a determining factor in the achievement of urban, minority group children; and social acceptance of the urban, minority group child by white middle-class peers in relation to academic achievement. These two hypotheses formed the basis for this study. A survey of the data available indicates that such relationships do exist; but there is no evidence as to the impact of these social environmental factors upon growth. Behind these hypotheses lies a more basic question: What are some of the potent factors which are related to the academic success or failure of an inner-city child?

The intent of this study is to look at the questions within the structure of an experimental design (i.e., random assignment of a representative sample of inner-city youngsters to classrooms which vary along the following dimensions: urban-suburban, mean level of academic achievement, and social acceptance of experimentally placed youngsters). This design permits an insight into the following issues within the framework of the two hypotheses:

- What is the impact of mean classroom achievement level across all schools on individual achievement of minority group inner-city children?
- What is the relative impact of mean classroom achievement in white suburban schools in contrast to nonwhite urban schools on individual achievement of minority group inner-city children?
- What is the impact of peer acceptance across all schools on the individual achievement of minority group inner-city children?
- What is the relative impact of peer acceptance in white suburban schools in contrast to nonwhite urban schools on the individual achievement of minority group inner-city children?

This study purports to look at measurable changes in the effectiveness (in the school setting) of the learning style when the potent sources of reinforcement are removed, when a new stimulus situation (an achievement-oriented classroom) where old responses are inappropriate is presented, and when a clear cut alternative model of achievement behavior is presented explicitly.

The subjects were a subgroup of the entire Project Concern population. The Project Concern population was chosen on the basis of three criteria: enrollment in an inner-city public school that was at least 85 percent nonwhite; enrollment in grades K-5 as of September 1966; and an IQ above the upper limit for eligibility for special class placement (where a recorded IQ existed). A sample was randomly selected to fill the seats made available by the suburban towns. The subjects were the Project Concern youngsters selected for grades one, three, and five who were still in the program in May 1968.

The original sample was immediately broken into two groups: an experimental group to be placed in suburban schools, and a control group to be retained in city schools. The

decision as to experimental vs control was made initially on a random basis and the high parent receptivity (96 percent permission) suggests that little distortion of sample characteristics resulted from this procedure. However, since one of the most important elements in this study is the mean achievement of the class to which a child is assigned, the methodology of such assignment becomes important. This can best be described as a chance, but not a controlled, random assignment. The most basic determinant was the local educational agency's decision of the availability of vacant seats. Since this determination was made so late, Project Concern personnel were deployed with a given list of spaces and told to assign youngsters to them. Generally speaking, only town, grade level, and school were known; no specific information was available about class performance.

For the students assigned to the inner-city schools more information about achievement characteristics of classmates was readily available. However, it was decided that the random assignment of youngsters over the range of achievement levels would pose serious teacher morale problems. Therefore, the movement of youngsters was kept to a minimum so long as the full range of levels was available at each grade level.

Two characteristics were selected for analysis: the mean achievement level of the classroom and an index of social acceptance in the classroom. Until now definitive experimental studies have been lacking in these areas.

Research Design

The 196 minority group children selected from the public school population to represent the total minority group population were assigned to one of two general interventions (suburban school or urban school). The exact placement was based upon chance; 91 subjects were placed in 41 different suburban classrooms and 105 subjects were placed in 12 different urban classrooms. The following data were obtained upon or immediately following placement: mental ability scores for subjects placed in both interventions, mean achievement level of classroom (excluding subjects in the study), and sociometric data. In May 1968, results of performance on the same measures of mental ability were obtained so that change could be assessed.

The research design called for the classification of the classroom setting into "high," "average," or "low" for each subject on the two dimensions, but with each intervention treated separately. Therefore, the 41 suburban classrooms were ranked in terms of deviation from national norms for grade level and were assigned with the top third designated "high," the middle third "average," and the bottom third "low." Similarly, subjects were ranked on the basis of a ratio of number of times chosen by classmates to total number of classmates and then assigned to classification by thirds.

There was a clear and significant association between amount of positive change in scores and the mean achievement level of the classroom for minority group youngsters placed in the suburban setting. This association existed for both sexes, all three grades, and all three criterion measures, although it was less significant on a measure of arithmetical reasoning. In the urban setting, there was a trend in the direction of positive association between higher scores and level of achievement, but the trend was less pronounced and less pervasive. There

was a modest but significant tendency for minority group youngsters who have attained a high degree of social acceptance to show greater growth in verbal ability tasks than youngsters of average or low social acceptance. This pattern was more pronounced in the suburban than in the urban setting. No such association was found for increased performance in arithmetical ability.

The findings indicate that the two hypotheses receive some corroboration. The degree of corroboration is considerably greater for the achievement level hypothesis than for the social acceptance level hypothesis. This is not surprising in light of the possible variation in determinants of group modal behavior. The data raise some serious questions about two current educational practices: the neighborhood school and homogeneous grouping. The data seems to indicate that the technique likely to break the cycle of academic failure for inner-city children is dispersion into non-ghetto school classrooms with high mean achievement levels. The magnitude of changes on the three criterion measures for the urban intervention were in striking contrast to the changes reported for the suburban intervention.

The data suggest that the suburban situation has a much greater potency for stimulating growth. This implication was further suggested by the intercorrelation across the three change scores, which was positive and significant for the suburban intervention. This points toward a consistent and global element in the stimulus situation. In the urban situation, however, the three change scores seemed to be relatively independent. In the urban setting individual pupil factors may be a more critical element in the learning situation, while in the suburban setting variables in the external environment have more potency. These hypotheses refer, of course, to minority group inner-city children in the two settings.

Recent public announcements have tended to question whether the depressed performance on measures of ability found in inner-city minority group children can be corrected at school age level. Our data state explicitly that such change is possible *if* public policy will allow the placement of such youth into learning situations which reflect high achievement. In other words, the official pessimism contained in the question of reversibility of limited performance should be shifted to the problem of reversibility of public policy in regard to traditional patterns of pupil placement. At the same time, there are signs that the effectiveness of high achievement placement is limited at the grade five level.

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The Effects of Enriched Neonatal Experiences Upon Later Cognitive Functioning

Theodore D. Wachs and Pattiann Cucinotta

The study of the role of early experience on psychological development has clearly established the relevance of experiential variables to ongoing behavior. However, one of the major assumptions of the early experience model is that early experience will also have an effect upon later behavior as well. Unfortunately, the evidence for the stability of early experience manipulations upon later human development is neither abundant nor positive. This project was designed to gain further information in this area with special reference to cognitive-intellectual development.

Subjects were 25 infants, who were randomly assigned at birth to either a stimulated or a nonstimulated treatment group. Each stimulated infant was given 140 minutes of supplementary experience during the first 3 days of life. The nonstimulated infants received routine hospital care. Following the time they left the hopsital, the stimulated infants were then placed on a 30-day home stimulation program administered by the mother. The enriched infants showed significantly faster learning at 4 days of age and greater visual attentiveness at 30 days of age than the nonstimulated infants. No further contact was had with any of the subjects until 10 months of age when all infants were tested on the Infant Psychological Development Scale.

There were no significant differences between enriched and nonenriched infants on any of the subscales. In general, the data seem to confirm previous research in terms of indicating that early stimulation has little permanent effect upon later functioning.

One possibility for explaining this instability of early experience effects with humans is the reinstatement hypothesis. Reinstatement is the periodic partial repetition of an experience such that it maintains the effects of the experience through time. Research has shown that organisms having early experience without reinstatement show little evidence of retention. Hence, from the reinstatement model, one would not expect to find permanent effects of early experiences, as these experiences are currently applied to human infants. More attention deserves to be focused on the conditions, such as reinstatement, which either enhance or attenuate the effects of early experience upon later functioning.

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Prebirth and Postbirth Influence on the Relationship between Creative Ability and Recorded Mental Illness

Thomas F. McNeil

The postulated relationship between creative ability and mental illness has generated considerable controversy and produced a large number of publications over the last 130 years. Early writers were generally in agreement that creative geniuses evidence an unusually high rate of mental illness. Later research shifted the focus to personality tests, and from creative geniuses in general to subjects with creative ability in different fields, such as psychology, biology, physics, art, and literature. Numerous studies were concordant in finding significant differences between the personality patterns of creative persons and those of noncreative persons. The more recent studies have provided converging evidence that the creative individual does not seem to be entirely "well-adjusted." Thus, it may be hypothesized that a greater number of creative persons than noncreative persons fit the category, *mentally ill.*

Numerous genealogic studies have found increased rates of mental illness in the families of creative persons. Such genealogic data have been interpreted as reflecting a basis or hereditary basis for the relationship. However, the genealogic studies failed to separate environmental from hereditary influences.

The study attempted to determine whether creative persons have a higher rate of mental illness than noncreative persons, and, if they do, whether prebirth and/or postbirth factors influence the relationship between creative ability and mental illness. The study was done in Denmark because of the unique availability of records on kinship, adoption, and mental illness. Creative ability was operationally defined in terms of committee evaluation of the activities and accomplishments of subjects chosen from among different occupational groups.

Research Design

The study identified groups of persons with high-, above-average, and low-creative ability, and then determined the rates of mental illness among these subjects and their parents and siblings. The subjects were adults who had been adopted shortly after birth. For creative adoptees, if mental illness were found more frequently among the biological relatives than among their adoptive relatives, the data would be interpreted as evidence for the predominant effect of prebirth factors; if mental illness were more frequent among the adoptive relatives, then family-related postbirth influences would be presumed responsible.

The biological and adoptive relatives of noncreative adoptees were also studied to control for intrinsic differences in mental illness rates between biological and adoptive relatives.

Subject population and sampling—The subject population consisting of 5,432 adults who had been adopted by nonbiologically-related families in the Copenhagen metropolitan area between 1924 and 1947. Occupation of the adoptees was used as a criterion for selecting subject groups who would likely be either high or low in creative ability. Illustrative of the type of occupations chosen as potentially creative by at least two of the three judges are actor, advertising writer, architect,

decorator, engineer, journalist, musician, and photographer. Ninety-six of the 792 identified adoptees had one of the occupations chosen as creative.

Potentially creative subjects—The potentially creative adoptees were sent a questionnaire requesting information about their occupational work and its creative aspects, free-time activities, self-ratings on creative ability, education, memberships in professional associations, and free-choice aspiration in life. Completed questionnaires were received from 43 of the 96 potentially creative subjects.

Potentially noncreative subjects—The population of potentially noncreative subjects consisted of 107 adoptees who had an occupation not chosen as creative (e.g., auditor, bookkeeper, foreman, master housepainter, grocer, and contractor), and who matched the social class range of the potentially creative adoptees. To make the final creative and noncreative samples comparable in demographic characteristics, the 107 potentially noncreative adoptees were individually matched with the responding adoptees on sex, age, social class, biological father's social class, adoptive father's social class, and age at transfer to adoptive parents. The 48 potentially noncreative adoptees were sent questionnaires identical to those sent to the potentially creative adoptees. Twenty-three returned completed questionnaires.

Identification of adoptees' parents and siblings—The biological and adoptive parents of the adoptees were identified through the Department of Justice files, and biological and adoptive full-, half-, and stepsiblings were identified through the Danish Population Registers.

Assignment to creative ability groups—The assignment of subjects to creative ability groups was done through independent ratings of each subject's activities and accomplishments and from their creative products. Raters were a Danish psychologist and two Danish psychology graduate students. All were familiar with American creativity research, and all had conducted psychological research projects.

Each judge independently assigned each adoptee to one of the following four categories which applied to both occupational and free-time activities: (1) High Creative Ability; (2) Above Average Creative Ability; (3) Doubtful Creative Ability; (4) Low Creative Ability. The criterion for inclusion of an adoptee in the study was identical ratings of the subject by at least two of the three judges. The final High, Above Average, and Low Ability groups were composed of 10, 20, and 20 adoptees, respectively.

Subject description—The High Creative Ability group was comprised of four adoptees in the performing arts, three in the graphic arts, one in literary pursuits, one in a scientific area, and one in commerce and business. All ten subjects were nationally visible or had received official recognition. The Above Average Creative group was composed of twelve adoptees in the graphic arts, three in literary pursuits, three in scientific fields, one in the performing arts, and one in combined literary and performing arts. The Low Creative Ability Adoptees included six subjects in the financial and administrative areas of business, five in education, three in production and skilled trade areas of business, three in routine scientific pursuits, two in legal pursuits, and one in transportation. None of the Low Creative Ability adoptees reported free-time activities or other behaviors which reflected creative ability.

Group comparison variables—The final creative ability groups were similar on demographic variables. The High Creative adoptees were, on the average, 4 years younger than the other two groups. The mean age at transfer to the adoptive parents ranged between 8.2 and 10.6 months for the three ability groups. There is reason to believe that the adoptees generally spent the pretransfer time in children's homes rather than with the biological parents; they had no postpartum environmental influence from their biological families.

The biological and adoptive parents were homogeneous in mean social class levels across the creative ability groups, and the biological parents were, on the average, 7 years younger and one social class lower than the adoptive parents at the time of adoption. The biological parents were also more promiscuous and/or fertile.

Determination of mental illness—Mental illness was defined as a history of mental illness or disturbances as found in official Danish records. A total of 372 persons (adoptees and their relatives) were investigated through psychiatric records, and the research assistant who conducted the search was not aware of the creative group membership of the adoptees. The psychiatric records found for the adoptees and relatives were blindly categorized by the consulting psychiatrist according to these diagnoses: Affective reaction, constitutional psychopathy, neurosis, oligophrenia, schizophrenia, manic-depressive psychosis, organic psychosis, and reactive psychosis. The last step in the research was to determine which already categorized illness record belonged to which adoptee or relative.

Results and Discussion

Rates of recorded mental illness among the adoptees and their relatives were hypothesized to be positively related to the level of judged creative ability of the adoptees. The hypothesis was substantiated among only some of the subject groups.

Adoptees—The rates of recorded mental illness among the adoptees indicated a positive relationship between creative ability and mental illness. A history of mental illness was found for 5 of the 50 adoptees. The rates of illness were 30 percent in the High Creative group, 10 percent in the Above Average group, and 0 percent in the Low Creative group. All five cases of illness were categorized as constitutional psychopathy.

In generalizing from these results, it should be remembered that the creative subjects were generally characterized by choice of a creative occupation. Thus, it is not known whether the results of this study would be relevant to creative persons not engaging in creative occupations.

Adoptive and biological parents—The adoptive parents showed almost identical mental illness rates across the three ability groups, with 5.3 percent, 5.0 percent, and 5.1 percent, respectively. The data gave no evidence of parent-related postbirth environmental influence on the relationship between creative ability and mental illness.

In contrast, the rates of mental illness for the biological parents differed across ability groups, with 27.7 percent for the High Creative group, 8.3 percent for the Above Average group, and 12.1 percent for the Low Creative group. Prebirth influence was at least suggested in the data from the biological parents.

Adoptive and biological siblings—Data from the adoptive and biological siblings did not substantiate the hypothesized relationship. None of the 27 adoptive siblings was found to have

a record of mental illness. The biological siblings showed rates of mental illness which were rather evenly distributed across the High Creative group (5.6 percent), the Above Average group (8.2 percent), and the Low Creative group (9.3 percent). Statistically, there was a nonsignificant relationship between creative ability in the adoptees and mental illness rates in their siblings.

The diagnoses of illness showed no differential patterns among ability groups. If there is a positive relationship between creative ability and mental illness, as the data suggest, the relationship appears to concern mental illness in general rather than a specific syndrome.

Prebirth and postbirth influences—A comparison of the relative strength of prebirth versus postbirth influence on the relationship between creative ability and mental illness showed that creative ability of the adoptees tended to be more strongly related to mental illness among the biological parents than among the adoptive parents, but this was not statistically significant.

Several interpretations of the importance of prebirth and postbirth influence on the relationship may be offered: Prebirth influence has been sufficiently demonstrated by the significant relationship between adoptees' creative ability level and their biological parents' mental illness rates. A direct test of the relative strength of prebirth and postbirth influences, while interesting, cannot indicate the presence or absence of either type of influence. Postbirth environmental influences may affect the relationship between creativity and mental illness, but these influences were not identified in this study because they were not related to mental illness among the adoptive families. But, the postbirth environmental factors, as here limited to adoptive family-related factors, appeared to bear no influence on the relationship between creative ability and mental illness.

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Children of Alcoholics: Observations in a Child Guidance Clinic

Morris E. Chafetz, Howard T. Blane, and Majorie J. Hill

Studies of the effect of alcohol problems on offspring have focused on transmission of alcoholism rather than on the broader question of the consequences of an atypical family situation for psychological and social development. This study compares personal and familial characteristics of two groups of children in a child guidance clinic; the two groups differed only in terms of presence or absence of parental alcoholism. Since we dealt with two groups of atypical children, a major focus of interest lay in differences in deviant behavior; but, any differences obtained cannot safely be generalized to "normal" populations, but can only be viewed as suggestive.

The material consisted of case records of children and their parents seen in the Child Psychiatry Clinic of the Massachusetts General Hospital between 1959 and 1967. This clinic accepts referrals of children of any age up to 16 years from the Children's Medical Service of the hospital, but does not accept direct referrals from the community. This means that many, but hardly all, of the clinic's clients will have presented a complaint couched in physical terms. Children referred to Child Psychiatry are considered to have a major emotional component as a complicating or primary aspect of their condition. Another feature of the clinic that must be taken into account is the fact that it draws its patients mainly from the lower-middle-class residents of the urbanized communities near the hospital.

In selecting subjects, only records with at least an intake sheet, a social work or psychiatric intake interview, and an intake conference summary were included. Records were reviewed consecutively in order to select each case in which either biological parent, or both, was identified as having an alcohol problem. It was necessary to review 1201 records in order to select a sample of 100 children who had one or two alcoholic parents. A comparison or control group of 100 children whose parents had no alcohol problem was chosen by the selection of the first case of the same sex following each parental alcoholism case. Variables investigated were chosen in part for their theoretical relevance, and in part on the empirical basis of whether the information was available in the majority of records.

Each of the two groups consisted of 60 boys and 40 girls. Ages ranged from 2 to 19 years. There were no statistically significant differences in ordinal position between the two groups. The only developmental variables on which information was generally available were normalcy of pregnancy and absence of complications at delivery. Neither differentiated the groups.

The two groups differed in family structure and stability. Marital instability, as indicated by separation and divorce, was higher in the alcoholic than the nonalcoholic families. The patients were categorized in terms of whether both parents, one parent only, or one natural and one stepparent were living in the home. There was a significant between-group difference, with more nonalcoholic homes in which both parents were present. The majority of children of alcoholics were

living with one parent. For families in which both parents were present, the raters, using the parents' descriptions, judged whether the relationship between the parents was good, fair, or poor. A significantly larger proportion of the alcoholic families reported a poor relationship.

A variable relating to family intactness is that of major source of income. Forty-four alcoholic families reported a mean income of $77 a week, while 51 nonalcoholic families reported a mean income of $115. These results suggest a lower income in the alcoholic population, although the large number of indeterminate cases precludes a definite statistical statement.

It is not surprising that a striking discrepancy existed in the frequency of extended separation from patients between the two groups. Extended separation was defined as any separation from either parent for a period of more than 1 year during the patient's life. Because of the wide age range among the subjects and theoretical assumptions about the differential impact of separation according to developmental period, the age at which separation took place was recorded for each child and categorized as follows: infancy (1–3 years of age); childhood (4–12 years), adolescence (13 years or older). The period of infancy includes the entire sample of 200 subjects; childhood includes 194 subjects (96 children of alcoholics and 98 controls); and adolescence includes 83 subjects (49 children of alcoholics and 34 controls). A child in a family with an alcoholic parent is much more likely than a child from a family without an alcoholic parent to have suffered a prolonged separation from one of his parents by the time he reaches mid-adolescence.

Also examined were the frequency of occurrence in the child's life of three types of difficulties that may be thought of as disruptions to growth and development: serious illness or accident to the child, school problems, and problems involved with police or courts. The developmental period scheme was used here also. All three indices occurred with greater frequency among children of alcoholics than in the control group. With regard to illnesses or accidents, infancy and childhood are the periods in which the differences are most pronounced, whereas adolescence seems to be the critical period for occurrence of school and police or court problems.

Data indicate that separation plus an alcoholic parent do not exercise a greater influence on these indices than separation without an alcoholic parent, although two interesting trends may be observed. Within the alcoholic-parent group, children who have been separated from a parent show a higher frequency of serious illnesses or accidents than those who have not been. This may be a consequence of parental neglect at a physical level. The second trend is that separation from parent in nonalcoholic families is associated with an increased number of school problems. The facts that this incidence approximates that in the alcoholic group, and there is no difference by separation in school problems for the alcoholic group, suggest that separation from a parent or an alcohol problem in a parent are equally but not additively related to disruptive behavior in school.

Another aspect of parental alcoholism is its differential impact according to the sex of the child. Generally, there are no sex differences in the variables measured. More boys than girls from alcoholic families tend to have had a serious illness or accident. This may represent the outcome of a

confluence between parental neglect and male proclivity to exposing oneself to danger. Within the nonalcoholic group, significantly more boys than girls exhibit school problems which, taken in combination with the high but similar percentages for children from alcoholic families, may indicate that girls who have an alcoholic parent are more prone to impairment in school behavior than girls who do not.

A major question is whether the kinds of pathology presented by these children differ according to presence or absence of parental alcoholism. Unfortunately, the records were highly variable in regard to the needed data as well as the manner in which they were recorded. Presenting complaints did give sufficient information for categorization; we developed a classification based on the primary focuses of presenting complaints. All complaints could be classified within one or more of the following categories; (1) aggression; (2) school; (3) bodily states; (4) mental states; (5) eliminative functions; (6) sex; (7) sleep; and (8) food and eating. Since a child could appear in more than one category, no overall statistical treatment was applied; rather, each category was examined separately for presence or absence of individual subjects. The most important aspect of the data is the similarity between the two groups of children with regard to the focus of presenting complaints. In only one instance, focus on bodily states, is there a significant difference, the direction of which suggests that children from nonalcoholic families may somaticize their conflicts more often than children from families with an alcoholic parent. This finding, together with the higher but nonsignificant frequency of focus on aggression among the children from alcoholic families, may be taken as some indication that a child with an alcoholic parent may be more prone to externalization of conflict.

The findings of this exploratory subject may be viewed in terms of the similarities and differences between children from families with or without an alcoholic parent. Perhaps one of the more striking findings is the high degree of similarity between the two groups of children. It seems safe to conclude that children of alcoholic families seen in a child guidance clinic are similar in many ways to those seen in the same setting whose parents do not have alcoholic problems. Despite the absence of deleterious effects on health, dissimilarities between the groups suggest that there are distinct and deleterious social consequences to being the child of an alcoholic parent.

The major dissimilarities have to do with the effect of an alcohol problem in a parent on the functioning of the family as a social unit and on occurrences in the child's life which may represent impediments to becoming a socialized adult. The data on family disruption and economic marginality show most prominently in the child's protracted separation from one of his parents by the time he reaches mid-adolescence. The relatively high incidence of school problems and of involvement with police and courts suggests that children of alcoholics have a difficult time becoming socially mature and responsible adults. These findings assume additional interest in view of the absence of group differences with respect to presenting symptoms. Categorization of symptoms was based on parental complaints, whereas categorization of school problems and involvement with law-enforcement agencies was based on in-

formation parents gave about their children that was not necessarily couched in the form of a complaint. Thus children of alcoholics may behave differently with regard to the things that society worries about, not what their parents worry about, which may be another way of saying that children of alcoholics learn socially disapproved ways of behaving from parental models.

The differences and similarities noted between children with an alcoholic parent and those without can be interpreted only in terms of the population studied. While our sample appears to represent this population adequately, there is no doubt that the population itself consists of a highly circumscribed group of children from families with an alcoholic parent, and conclusions certainly cannot be generalized safely beyond the population seeking treatment at child guidance centers. The study nevertheless suggests areas of future inquiry into the effects of familial disruption on self-concept, interpersonal relation, deviant behavior, and achievement orientation. More generally, the study indicates that if we are to prevent or minimize progression of psychosocial problems, alcoholic or other, the high-risk children of alcoholic parents are a profitable group with which to begin.

Condensed from the *Quarterly Journal of Studies on Alcohol,* 32(3 Part A): 687–698, 1971. Copyright 1971 by the Journal of Studies on Alcohol, Inc.

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Physical Challenge as a Treatment for Delinquency

Francis J. Kelly and Daniel J. Baer

An assumption underlying the Outward Bound program is that rather than merely telling a young man he is capable of more than he thinks he can do, one must devise a set of circumstances whereby the youth can demonstrate this competence to himself. To accomplish this goal, Outward Bound exposes adolescents to severe physical challenge and pushes individuals to their physical limit.

At the time of this study there were three Outward Bound schools in the United States. Each school adapts a 26-day program according to its own physical environment. All stress physical conditioning, such as running, hiking, swimming; technical training, such as the use of specialized tools and equipment, camping, cooking, map reading, navigation, lifesaving, drown-proofing, and solo survival; safety training; and team training, such as rescue techniques, evacuation exercises, and firefighting. The participants in each course are divided into eight patrols of twelve boys each. Each patrol is supervised by one or more trained instructors.

Since 1964 the Massachusetts Division of Youth Service and Outward Bound Schools, Inc. have collaborated in an effort to reduce recidivism in adjudicated adolescent delinquents. A demonstration project was designed to systematically examine the effect of Outward Bound on adolescent delinquents. Its purpose was to determine whether Outward Bound was more effective in reducing recidivism in adjudicated delinquent adolescent boys than current correctional practice. Also the study examined the relative effectiveness of the different Outward Bound schools to observe which elements in Outward Bound are the most useful change agents. Effectiveness was measured by comparing recidivism rates in two matched groups of adolescent boys. One group attended Outward Bound, while the other was handled in a routine manner by juvenile correctional authorities.

The Colorado Outward Bound School is located on the western slopes of the Rocky Mountains. The course involves mountain walking, high altitude camping, rock climbing, and rappelling (descending a sheer cliff by means of two ropes wrapped around the body). The Minnesota Outward Bound School is located in the Superior National Forest near Ely, Minnesota, on the edge of the Superior-Quetico Wilderness. Participants are trained at the main camp for 12 days and then leave on a 2-week, 200 mile canoe expedition. Selected readings, films, and discussions related to the students' experiences are presented upon their return from the expedition. The Hurricane Island Outward Bound School is located 10 miles off the coast of Maine at the entrance of Penobscot Bay. More than half the program involves training in seamanship and navigation. The three participating institutions of the Division of Youth Services were the Reception Center for Boys, which is the receiving and diagnostic unit; the Lyman School for Boys; and the Industrial School for Boys.

The subjects were 120 adolescent delinquents. Only boys who were 15½ to 17 years of age, in good health and without any severe physical disability or severe psycopathology, and who had a minimum IQ of 75

and no history of violent assaultive or sexual offenses were eligible for selection. Eligibility also depended upon a willingness to participate if selected.

The experimental group, consisting of 30 boys from the Reception Center and 30 boys from the two institutions, attended Outward Bound. The remaining 60 subjects, identified as the comparison group, were handled in a routine manner, some being institutionalized and some immediately paroled. The experimental and comparison groups were matched on the basis of the following variables: age at time of selection for the study, IQ, race, religion, offense for which committed, area of residence, and number of prior commitments to the Division of Youth Service.

Experimental subjects from the reception center were sent directly to Outward Bound and were paroled immediately upon completion of the course. Subjects selected from the training schools included boys who were institutionalized for the first time, as well as recidivists. The complete social histories for all subjects were reviewed and developmental, medical, familial, educational, and delinquent background data were recorded. Three psychologists served as participant observers. The observer's function was to participate in and observe the program and to record his impressions of the course and its impact on the participants.

Recidivism

The 20 percent recidivism rate of the experimental group was half that of the expected rate for boys of this age committed to the Division of Youth Service. The 42 percent recidivism found in the comparison group was consistent with the base expectancy rate. On a chi-square test of independence, the significant result supports the expectation that Outward Bound is more effective in reducing recidivism in boys than routine management in public institutions.

The participant observers report that Outward Bound encourages change in the adolescent delinquent. The opportunities for concrete impressive accomplishment, as well as for excitement and challenge, promote personal growth. The need to pace oneself challenges the delinquent's impulsivity, while the requirement of persistence challenges his endurance. The necessity of obeying safety laws and camp regulations causes him to question his concept that laws and regulations are to be ignored, and his dependence upon his patrol leader for success and well-being causes him to reexamine his attitude toward authority figures.

The participant observers report that the programs at the three Outward Bound schools differ in many respects. The Colorado and Hurricane Island schools emphasize severe physical challenge, felt danger, and high excitement. These programs do not attempt to meet the needs of individual participants but require all boys to adapt to the standards of these schools. They also make little effort to interpret verbally the meaning of the experience to the participants. However, the Minnesota school, while stressing physical challenge, has a relatively low objective danger and excitement level. This program emphasizes concern for interpersonal relationship and stresses reflection and development of a spiritual attitude.

The Minnesota School had a higher recidivism rate (42 percent) than the Colorado (0 percent) or Hurricane Island (11 percent) school. These results appear to support the belief that delinquent adolescents are action-oriented and respond to pro-

grams which challenge them in the sphere of physical activity. Perhaps if training schools incorporated these elements of severe physical challenge with high excitement into their programs, they would more ralistically meet the needs of the adolescent delinquent.

Background Variables

Although Outward Bound seemed to have an important effect, one must also consider several background variables when evaluating the recidivism rate of the experimental and comparison groups. The following five variables were most closely related to recidivism: number of commitments to the Division of Youth Service, type of offense, presence of both parents in the home, age of first court appearance, and age of first commitment.

The mean age at first court appearance for the recidivists was significantly younger than for nonrecidivists. Also, the mean age for first commitment for the recidivists was significantly younger than for the nonrecidivists. However, no such difference was found within the comparison group. This suggests that Outward Bound may have a greater impact on the delinquent whose first court appearance occurs following the onset of adolescence. Perhaps the severe physical challenge of Outward Bound provides an opportunity to resolve this identity crisis. The insignificant differences in age at first commitment and age at first offense for recidivists and nonrecidivists in the comparison group suggest that existing training school programs do not realize positive change for some boys who have this potential.

In the experimental group, 4 of 38 of the first commitment boys recidivated, while 8 of 22 of the subjects who had two or more commitments were returned. The significant outcome indicates that Outward Bound was more successful for those who had at least one prior commitment. For the comparison group the number of commitments was not a significant predictor of recidivism. Thirteen of 36 of the first commitments in the comparison group were returned. For the first commitment boys, at least, the data suggest that many have a potential for rehabilitation which is not realized by present training school programs. They also indicate that severe physical challenge does not meet the needs of delinquents with two or more commitments.

The offenses for which the subjects were committed were grouped into two categories: stubborn-runaway and other. The first group was composed of boys committed for being either stubborn or runaway children. These offenses have no adult counterpart and usually reflect intrafamilial conflicts expressed in disobedience, incorrigibility, or running away from home. The second group included the remaining delinquents, whose offenses were against persons or property, acts which, if committed by an adult, would constitute misdemeanors or felonies.

The most dramatic contrast between the experimental and comparison groups is found in the stubborn-runaway category. Whereas 6 of the 15 experimental group subjects recidivated, 10 of 12 in the comparison group were returned. This significant difference suggests that Outward Bound may have a greater influence on those subjects whose delinquency is a direct response to home conflict than does the traditional training school. However, when comparing the recidivism rate for the stubborn-runaway category, we should note

that in both the experimental group and the comparison group the stubborn-runaways were three times as likely as other types of delinquents to recidivate. Perhaps action-oriented programs by themselves fail to meet the needs of the stubborn-runaway offenders, who often return to the same home environment. These offenders may require a more intensive and psychotherapeutic care.

When subjects who committed offenses other than stubborn-runaway are compared, it may be seen that the boys who attended Outward Bound had a significantly lower rate of recidivism than comparison group boys placed in training schools. It may be that severe physical challenge, as represented by the Outward Bound program, is more effective with delinquents who act out in the community than it is with boys who act out directly against the home.

An important finding of the study was the relationship between recidivism and the presence of both parents in the home. Subjects in the experimental group who returned to homes in which both parents were present had a significantly lower rate of recidivism than the rate for boys who returned to other types of home conditions. However, there was no significant difference in the incidence of recidivism in the comparison group for individuals returning to either intact or broken homes. The presence of both parents is considered a favorable condition for growth, hence it may be that the boys from intact homes were initially less likely to become confirmed delinquents. The severe physical challenge of Outward Bound may provide them a means of resolving some adolescent crisis.

Implications

The results suggest that severe physical challenge may be an effective method of reducing recidivism in adolescent delinquents. Although the study involved sending delinquents to Outward Bound schools, it seems that training schools might profit from incorporating many features of the Outward Bound approach into their own program. Although not effective with all delinquents, this approach could be of sufficient value to recommend it as a supplement, if not an alternative, to institutionalization.

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Psychological Variables and Ability to Pronounce A Second Language

Linda L. Tayor, John C. Catford, Alexander Z. Guiora, and Harlan L. Lane

Common observations of language teachers confirm that those students who get high grades or do well in class work are not those who can speak a second language most authentically. The ability to speak a second language well, that is as a native speaker, seems to be evidenced in early training and is not dependent on motivation or effort. This study's hypothesis concerning the differences in the authentic pronunciation of a second language, which exist among equally trained and intelligent individuals, is: The more sensitive an individual is to the feelings and behaviors of another person, the more likely he is to perceive and recognize the subtleties and unique aspects of the second language and incorporate them in speaking. While the characteristic of empathy relies on theoretical explication of its origins, the development of language and specifically articulation and fluency has been shown to reflect the quality of adult contact in the child's environment. Thus our theory is two-pronged, accounting for both the developmental prerequisites of empathy and correct pronunciation and for the interaction of these skills in subsequent learning situations.

To test the hypothesis, measures of empathy and authenticity of pronunciation were necessary. We used a technique, described as Micromomentary Expressions (MME), which involves showing a silent motion picture of a woman conversing. It was discovered that when shown at slower than normal speeds facial expressions of intense feelings, unobservable at higher speeds, are seen. The measure developed from this technique is based on the proposition that a subject's ability to identify changes in facial expression at various speeds taps his sensitivity to the affective states of another, or his emphatic capacity. While empathy is, of course, correct perception and understanding of the affective or emotional state, the methodological problems of naming emotions correctly would have added unnecessary complexities.

The subjects were all students. Twenty-eight subjects composed the experimental group which was tested on language authenticity, MME, and other measures for validation and control. Thirty-one subjects made up the control group and participated in all but the language learning. Approximately half of each group was male and half female.

The MME test of empathy consisted of three 30-second sequences of film, selected for this project, of a woman in an interview. Only the head and shoulders of the woman were observable so that body cues were reduced to a minimum. The subjects saw the first two film segments repeated at the normal speed of 24 frames per second, 12 frames per second, and 4 frames per second. These were considered practice or trial runs. The third segment, the test, was shown twice at 24 frames per second to measure retest reliability and at 12 and 4 frames per second.

The subject's instructions were to indicate each change in facial expression they saw by pressing the button of a signal box on the table before them. Their response was recorded on the timed output sheet of a 20-

channel chronograph, one channel of which marked each second while another indicated when the film sequence began and ended. The criterion of accuracy was determined by asking four psychology graduate students to sort the 728 pictures printed from the test film into piles, beginning a new pile when there was a change in facial expression. The four judges agreed on 52 changes. Superimposing this pattern of correct changes on the subject's record, with a minor adjustment for reaction time, provided a way to score correct responses.

In order to control the language learning situation most closely, subjects were chosen who had no formal training in the language to be taught. They attended four 1-hour sessions on consecutive days in which they learned basic dialogues and sentence patterns in Japanese from a native speaker. On the 5th day they were tested as follows: First, the subject participated in a dialog with the teacher, using five specific sentences learned during the training period, and the subject repeated each one after the teacher. The first five sentences will be referred to as Spontaneous, and the last five as Repetitions.

All the tests were taped and two native Japanese linguists, not familiar with the study, were asked to judge pronunciation with the teacher. They made judgments of two types: they rated each sentence on a five-point scale for the General Authenticity; and they listened for Specific Criteria which they rated on a three-point scale (poor, fair, good).

The instructions for Authenticity rating included the sentence "Authenticity may be thought of as how much like a native-speaking Japanese does this person sound." The particular points listened for and rated under the heading of Specific Criteria included accentual pattern in various sentences, duration of various morae (or length-units), and particular sounds and sound sequences.

Additional measures included a test of visual acuity using the letter chart: a film test similar to the MME but using a changing spectroscope record rather than a face in order to measure perceptual ability not dependent on empathy, referred to as the Pattern Perceptual Test; and four cards of the Thematic Apperception Test to which the subjects wrote stories. Also available were records of the Scholastic Achievement Test-Verbal Ability scores for 23 of the 28 test subjects. The TAT stories were scored in two ways: according to the instructions and examples given in research on empathy which scores the subject's sensitivity to the feelings of the characters in the stories, and according to research on Psychological Mindedness which focuses on the complexity of motivation, levels of awareness, and interpersonal relationships in the stories.

Most noticeable in the pattern of results is the consistently higher significance of Spontaneous (Specific Criteria) with the dependent and control variables. This is due to the skills on which the various language performance tasks depend. Spontaneous (Specific Criteria) seems to be the most exacting in that it calls for correctly hearing, coding, and retrieving the correct details of the dialog learned in preceding language sessions. The other language measures are immediate repetitions or are based on sounding generally authentic. Regarding general authenticity ratings, subsequent listening to the tapes and

observing judges' scoring tendencies suggests that judgment of general authenticity may not have been based purely on the genuine authenticity of the subjects' Japanese pronunciation. In general it appeared that slower and more hesitant speakers were rated lower than the more fluent and confident-sounding speakers: often the hesitant speakers correctly pronounced the specific details, while the more fluent did not.

The fact that the TAT-Sensitivity to Feelings score, the only empathy measure comparable for validation, did not significantly relate to the MME measure suggests that the MME is not an adequate measure of sensitivity to affective cues. The scores based on absolute number of responses on the MME, which all correlate negatively with language, may be based, for example, on anxiety about the task or the intensity of the feeling observed. The MME scores relate positively and to a level of significance only with the Pattern Perception Test scores; this suggests it may be merely a measure of perceptual ability, or, since the two tests are structurally alike and similarly ambiguous, a measure of ability to tolerate anxiety. The Spontaneous (Specific Criteria) correlates negatively with the MME total score but positively with MME criterion score, both significantly. This suggests that individuals who are aware of the detailed nuances in a second language and incorporate them respond less frequently than other subjects on the MME and tend to make fewer mistakes or false alarms when they do respond. This ability to attend to details and avoid responding prematurely seems to be a component of empathy.

Subtle nuances in language pronunciation were highlighted by the relationship between the two TAT scores and language measures. The significant correlation between TAT-Sensitivity to Feelings and Spontaneous (Specific Criteria) supports the basic theory of this study. An interpretation of this result suggests that those individuals who are more aware of feelings are more sensitive to the details and specific aspects of the second language and reflect this in speaking. Such people tend to extend themselves toward others to understand their feelings, appreciate the details of their behavior, and respond appropriately.

The TAT measure of Psychological Mindedness was significantly related to the Repetition (General Authenticity) language score. This indicates that those who see interpersonal behaviors in terms of motivations and expectations can sound as though they're speaking a second language authentically, but on closer analysis have not mastered the correct details. The psychologically minded have a need to understand underlying factors and causality in interpersonal situations, reflecting a more egocentric need to be in control and confident. This is reflected in their ability to master the general impression of authenticity in speaking the second language, but these individuals lack the sensitivity to details which makes pronunciation correct and precise.

Analysis of both intelligence and language performance into specific components has suggested that a reliable relationship exists between verbal ability, as opposed to mathematical ability, and the pronunciation of a second language. TAT-Sensitivity to Feelings and Psychological Mindedness are not related to this measure of verbal ability and thus add additional power for the prediction of authenticity of pronunciation.

Rather than relying on one variable to measure empathic capacity, four variables contribute to yield a dimension of empathy: MME total at 4 fr./sec., Criterion or Beta score at 12 fr./sec., TAT-Sensitivity to Feeling, and SAT-VA. It is apparent that they can be assembled into a viable index of empathic involvement and understanding. Empathy depends on the sensing being used by the cognitive functions to gain understanding of the other, and thus the measure of intelligence is another necessary but not sufficient factor for empathic understanding. The Criterion score reflects the capacity to attend to the other's experiences and communications without prematurely responding or reflecting on one's own experiences and feelings. The TAT-Sensitivity to Feelings suggest another unrelated factor pertaining to the quality of involvement and appreciation of emotional experiences. These variables are seldom significantly related to each other and in combination provide a consistent theoretical constellation of skills necessary for empathic understanding, accounting for more than half the variance of that pronunciation task assessing of precise detail in speaking a second language.

The design of this study assumes that an individual has an equal ability in visual and aural perception. The subject's empathy is measured by intricate visual stimulus while the teaching was entirely spoken with no visual stimulus. Other work suggests that preferences and ability in these modalities are unequal. If this is so, more consistent results might have been attained by crossing the modalities in this research design. To resolve this, an empathy measure could be constructed in the auditory dimension. For example, blurring the distinct words in portions of speech typifying emotional states, leaving only the suprasegmental aspects such as pitch, rhythm, and volume, and asking the subjects which of a list of emotions or emotional dimensions is being experienced in each example would be a suitable measure.

The specific aim of constructing a direct measure of empathy was not achieved in this study; however, by-products of the investigation have given validity to the theory under study and prompt further research. Careful differentiation of tasks and scoring criterion provided abundant information regarding language performance.

Condensed from *Language and Speech*, 14(2):146–157, 1971. Copyright 1971 by *Language and Speech*.
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Mental Health Aspects of Shoplifting

T. C. N. Gibbens, Clare Palmer, and Joyce Prince

Recognizing the existence of stereotyped attitudes toward shoplifting, we studied the records of certain offenders in an effort to place shoplifters along the continuum from casually dishonest to pathological and to throw light on the distribution of cases along that continuum.

First we recorded brief details of 763 women dealt with by two magistrates' courts in the West End of London in a period of 3 months; 316 were shoplifters. Second, we studied the subsequent 10-year history of 532 female and of 234 male shoplifters convicted in 1959. Third, we followed up for 10 years 202 women shoplifters and 50 women convicted of other types of theft admitted in 1959 to Holloway prison.

Court sample—Of the 316 women shoplifters appearing in the West End London magistrates' courts in a period of 3 months, 60 percent were foreign, aged 17 to 25. They had little money to spend, but many were apparently healthy, normally honest girls from stable, educated families—yet they compared notes about where to shoplift.

Women convicted in 1959—Among 525 of 532 women who had been convicted in 1959, the reconviction rate was 20 percent. Of the 80 percent who were first offenders, 11 percent were reconvicted; and of the 20 percent who had previous convictions, 50 percent were reconvicted.

Among the 304 women for whom information was complete some 17 percent had been hospitalized with a major physical illness, a further 10 percent had had minor illnesses or accidents, and 14 percent were recorded as suffering from chronic ill health or permanent disability. Four percent had been inpatients in mental hospitals, 3 percent had had outpatient treatment, and 18 percent were recorded as suffering from "chronic nervous tension."

The register of mental hospital admissions among the 525 women since 1959 shows that most admissions were voluntary. In addition, we traced 15 people who received outpatient psychiatric treatment in relation to a subsequent offense. Recorded diagnoses included depression, suicide attempts, schizophrenia, manic-depressive illness, dementia, psychopathy, alcoholism, personality disorder, and subnormal.

Women in custody in 1959—Of the 202 women shoplifters in custody in Holloway prison in 1959, first offenders have been reconvicted more often than the general average, and they have tended to persist in shoplifting. Only 56 percent had no subsequent shoplifting conviction and 70 percent had no other type of reconviction. Twenty-seven percent had previously been hospitalized with a major physical illness; another 11 percent had chronic ill health or permanent disability.

There was a history of previous inpatient mental treatment in 14.8 percent, of outpatient treatment in a further 15.7 percent, and of chronic nervous tension in 9 percent. Subsequent admissions to a mental hospital during 1964–69 show recorded diagnoses of schizophrenia, depression, manic depressive, psychopathy, alcoholism, and other.

Male shoplifters—Adult male shoplifters differ in almost every respect from female shoplifters. Half of the

234 men convicted in 1959 stole books (unknown in women), half had previous convictions of all kinds, and a third had been in prison before. Since 1959, 48 percent have been convicted of mixed offenses and 33 percent of shoplifting. There is, however, a small group of 16 (7 percent) who are persistent shoplifters. Admissions to mental hospitals since 1964 have been 6.5 percent.

Clinical Impressions of Shoplifters

It seems that many shoplifters regard shoplifting as normal behavior and only technically illegal. The record of many of the 316 cases dealt with at the London West End courts in a 3-month period illustrates the point: offenders were normally honest girls, yet they compared notes about where to thieve.

There is a fairly strong tendency for shoplifters who continue to thieve to specialize in shoplifting. Among the 49 first offenders who were reconvicted there were only four whose reconvictions did not include shoplifting. The 51 women with previous and subsequent offenses were more socially disorganized and deviant, and 40 percent of them committed other types of offenses. But about 80 percent of them were guilty of further shoplifting, a third of them on two or more occasions.

The Department of Health and Social Security age-specific statistics on admission of women to mental hospitals in the years 1964–69 show that the number does not rise above about 250 and 350 per 100,000 for first and nonfirst admissions respectively each year. For the 5 years, the general female middle-aged population would be expected to produce an admission rate of 2.5 percent. The rate for shoplifters is over three times higher. The clinical picture of the middle-aged female shoplifter includes a mixed variety of physical and mental symptoms. Typically, she is a woman of 50 who a year before had a hysterectomy and has not felt well since. She has backaches, headaches, dizziness, insomnia, and a persistent sense of depression. She has no serious financial difficulties, but her husband and children take no notice of her, and she feels that life in the future stretches out like a desert. She has been seeing her doctor and receiving tranquilizers, but she has not been to him for 3 months because she feels she is wasting his time. In many others there are no symptoms but the same life situation; in others there is an acute stress.

Most women shoplifters of the kind described above are convicted only once. The rare "compulsive" shoplifters are often different. They are of exemplary character, with an attitude of robust mental health, unwilling to admit the existence of stresses. From our figures, however, it is tempting to suppose that in a fair proportion of cases shoplifting is the first symptom of a depressive illness. Also perhaps the conviction has a traumatic effect, for a number of middle-aged recidivists seem to feel that the first conviction ruined their reputation for honesty and that nothing will efface this memory.

Condensed from the *British Medical Journal*, 3(5775):612–615, 1971.
Reprints from T. C. N. Gibbens, M.D., Professor of Forensic Psychiatry, Institute of Psychiatry, DeCrispigny Park, London SE5 8AF, England

An Experimental Analysis of Anti-Litter Procedures

Robert L. Burgess, Roger N. Clark, and John C. Hendee

The objective of this study was to determine if anti-litter behavior could be developed. The primary subjects were children who attended the Saturday children's matinees in two neighborhood theaters on 14 different occasions. For the children's matinees in Theater 1 the average attendance was only 160. The average attendance of Theater 2 was 220. At each performance the usherettes were asked to put all of the litter they collected into a special container, which was not used by anyone else. When the matinee was over, the litter from the trash cans was weighed, and then the floor was swept and that litter weighed. The litter collected from the usherettes' container was weighed along with the litter swept from the floor. The dependent variable was the percent of the total litter in the theater deposited in the trash cans.

The basic design utilized was the ABA reversibility method. The experimental conditions imposed in Theater 1 were baseline, litterbags, baseline, litterbags plus instructions to use them, baseline, litterbags plus 10¢, baseline. The sequence of procedures in Theater 2 was baseline, extra trash cans, litter film, litterbags plus tickets to a movie, baseline.

Baseline—This condition established the amount of litter normally found in the theaters. No special anti-litter procedures were in effect during baseline conditions.

Extra trash cans—This condition was the same as baseline except that the number of trash cans normally present in the theater was doubled. These cans were placed more conspicuously than the usual ones.

Litter film—This condition was the same as baseline except that before the regular show an anti-litter film was shown.

Litterbags—A litterbag was given to each person as he entered the theater. As he was handed his litterbag he was told: "This is for you to use while you are in the theater."

Litterbags plus instructions—As in the previous condition, all persons entering the theater were given litterbags. In addition, an announcement was made at intermission in which the audience was instructed to: "Put your trash into the litterbags and put the bag into one of the trash cans in the lobby before leaving the theater."

Litterbags plus 10¢—This condition was exactly the same as the Litterbags condition except that each person was additionally told: "If you bring a bag of litter to the lobby before leaving the theater, you will receive one dime in exchange."

Litterbags plus tickets—A litterbag was given to each person entering the theater and, before the movie began and at intermission, it was announced to the audience that: "Each person returning a bag of litter will be given a free ticket to a special children's movie."

Only 19 percent of the total litter in Theater 1 was properly disposed of by the audience over the five baseline conditions. Litterbags alone increased that to 31 percent and litterbags plus instructions resulted in the return of 57 percent of the litter. However, by far the largest effect in Theater 1 occurred when 10¢ was paid for each bag of litter turned in. There were 137 individuals in the audience and 95 of them received such payment. In this condition, 94 percent of the litter present in the theater was handed in by members of the audience.

In Theater 2, an average of 16 percent of the litter was placed in trash cans over the three baseline conditions. Doubling the number of trash cans available in the theater produced no effect, and the anti-littering film increased the amount of litter returned only 5 percent above baseline.

In contrast, when members of the audience were given free tickets to a movie upon depositing their litter, 95 percent of the total litter in the theater was placed in the receptacles. On this day there were 485 people in the audience and 285 of them received free tickets.

Several of the procedures employed in this study have a long history of use. For example, some business firms offer free litterbags to their customers, assuming that they will be used. Our data suggest that litterbags, if used at all, are employed by only a small percentage of the people. Another common argument is that people would not litter if ample trash receptacles were available. The data from this study suggest otherwise.

Another common approach to combat littering is through propaganda campaigns designed to change people's presumed "attitudes" toward such behavior. Attempts of the mass media exhort people to refrain from littering. Again, data from this study suggest that such attempts may scarcely be worth the effort and cost. A similar anti-litter approach is found in posted instructions proscribing littering or appealing for disposal of litter in appropriate receptacles. Data from this study suggests that such a tactic might help to alleviate the problem. However, it also indicates such a solution is only partial since over 40 percent of the litter was still found on the floor after the audience was instructed to dispose of it.

Data such as these imply a need for alternative approaches to the problem of littering. One alternative is suggested from the experimental analysis of behavior. The following assumptions can be made. First, littering is a member of the more general class of operant behavior. Second, there are some rather immediate consequences of littering that may serve to maintain it at a high level. Carrying of litter is probably for most people aversive. Third, other consequences, such as defacement of the environment, are more remote and, thereby, exercise much less control over the behavior. The probability of being detected, arrested, and fined is simply too low and intermittent to control such behavior effectively.

These observations suggest that the level of littering might be reduced if immediate positive consequences contingent on anti-litter behavior could be scheduled. Using either one dime or a free ticket to another movie as reinforcers increased the total amount of litter returned by the audience to 94 and 95 percent.

Condensed from the *Journal of Applied Behavior Analysis*, 4(2):71–75, 1971.
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Reprints from Robert L. Burgess, Ph.D., Department of Sociology, University of Washington, Seattle, Wash. 98105

Adaptive Aspects of Culture Shock

Barbara Gallatin Anderson

Last summer I participated in a field program in culture change which brought together in India an interdisciplinary team of 15 American scholars. None of these men and women had ever before been confronted with a culture as drastically different from our own. None of us escaped culture shock and there was quite a range of resiliency in the recuperative stages. Little by little I became impressed less with culture shock than with certain counter or adaptive mechanisms which seemed simultaneously at work. I am referring to processes which served in part to neutralize the effects of shock and to allow some interim cues for functioning until we had passed the "crisis" phase and were capable of operating within the host culture.

Culture shock designates the massive psychic reaction which takes place within the individual plunged into a culture vastly different from his own. Basically it has to do with the forced accommodation of social elements that are normally part of an alien tradition and hence not "normal" for us. Culture shock is a phenomenon associated generally with a culture change cycle that terminates not with successful rooting in the new culture but with a final retransplantation back to the mother-culture. Two confrontations are involved: adaptation to the field culture, and readaptation or reincorporation into the home culture. The home culture never lets go of us, although its continuing hold is often repressed, displaced, and hence obscured.

It is the dynamics of this repression that began to absorb my attention in India. For I suggest that we survived because we were able even in shock to draft an interim framework of cultural support, neither Indian nor the familiar, dominant American one we knew and lived on a daily basis, but a hybrid prop that combined whatever old cues from our native culture could be recruited to immediate field usefulness and whatever supportive elements of the new culture that could in some way be conventionalized.

The first clue I had in the field of the dynamics of this process was the regularity with which I was having a dream different from my usual dreaming patterns. Also, on awakening there seemed to trail into consciousness a *déjà vue* quality. I encouraged other members of the team to speak about their current dreams. The pattern took more concrete shape, for slowly it became clear that many of us were dreaming essentially within a definitive and a shared framework of personages and settings.

In the first phase of our dreaming, during our first nights and weeks in India, few of us dreamed of spouses or children, or of colleagues and friends. Our dreams were peopled heavily with figures involved not in our present, but in our past lives: old school chums, people from neighborhoods in which we had once lived, young men and women we had gone with but not thought of for years. People out of our current lives were largely tangential to the active social world of which we were a part when we left the United States; our homes or offices or campuses were not prominent. Often the characters from the past brought their own settings along.

After more than a month in India, and much movement, there was a

change reported in the dream patterning. Families were entering the context of dreams but almost shyly. One man reported dreaming for the first time since he had left the United States of his wife, "but she simply talked to me from the doorway." Another watched his children fly kites from a distance. Some dreamed of new Indian acquaintances but often they were doing peculiarly un-Indian things: playing cards, riding in a sports car, or sitting in a conventional though unfamiliar Western house.

In the final phase of dreaming, Americans were Americans and Indians were Indians, and the dream world resumed its old order except that the spectrum of personages and settings had widened. The professor whose wife had stood in the doorway reported that in dreams she had come to him. There were more distinctly Indian dreams, and these were more representative of Indian life as it was. Some dreamed of Indian settings in which spouses, siblings, and children mingled as a matter of course with Indians.

In about the third week of our fieldwork, an Indian farmer asked me the English word for a fruit. What came instantly to mind was not the English but the French word for it, and I said it aloud before I could stop myself. It was a few seconds before I came up with "grapefruit," and then by the indirect mechanism of translation from the French. Of the same order was our philosopher's sudden, embarrassing reference to his present wife of 10 years by his first wife's name.

Traditionally, the content both of dreams and speech lapses have provided rich insights into the distinctive logic of the psychological and cultural systems that direct human activity. Certainly the psychic props of repression and displacement and identification were there in the Indian dreaming. I suggest, however, that what I was also getting and recording was the masked operation of a continuing cultural system to whose logic and support each of us remained bound, and to which we turned for psychological recharging and for cultural refuge.

I think that our culture was continuing to communicate with all 15 of us and that this communication was necessary for our psychic health and social survival. When we left the United States we had not ruptured, but merely suspended, the personal and social links that had from a preverbal period of our respective existences formed the basis for our "translation" or internalization of experience. In India, culture shock set in when we had to adapt to a drastically new input system on a personal and social level. This addition of the new does not mean that the old was subtracted. It was dormant largely because in its dominant forms it was inappropriate to most challenges. In addition, the United States was too dreadfully and painfully absent in its familiar cultural context. Our spouses and children were not going to be around for a while and the fiction that they were was not one that we could easily conjure. In other important ways, too, the dominant links to our culture had been denied us. Consequently, we created a secondary system of cultural identification.

This meant that often we had to go back in time to draw upon peripheral links to unearth a personal and cultural image unchallenged by the field circumstances we faced in India. The secondary system of cultural identification served temporarily as the anchor we needed during this critical period when we seemed to float out

of reach of the old yet unanchored in a new environment. We could and did produce images of persons and situations with which we could identify comfortably. These dreams chronicled the tremulous course along which we moved to amelioration of shock and to adaptation in the field situation. In the first phase we cushioned ourselves almost completely from the painful present in which we could function neither as Americans nor as Indians. In the second, we admitted small shock waves only and then only if properly dissipated, still evading too Indian or too American stimuli. Eventually we could think "Indian," and then the character of our dreams and memories reflected it.

Some writers have referred to the culture shock involved in returning to the United States, particularly after an extended field trip of, say, 2 years. But I don't think this is quite the same thing. Often we are unprepared for the unfamiliarity of what we anticipated would be comfortingly familiar. Sometimes the field culture takes on a retrospective appeal beyond that which it actually afforded. The returning is a kind of cultural reentry. In this situation, we are *not* without cues, the language, the semantic with-it-ness whose absence totally submerged us in the field. It is different because, as the Indian experience suggests, we have reordered but never abandoned our connection with that culture.

A telling development in these adaptive phenomena occurred late in the summer. Apparently in some instances the persistence of cultural influence takes the form of almost total suspension. Cultural identification reified through remote validation was so effective that some had problems of resuming their old identity when it became time to do so. There was a point for many where, when they could at last anticipate that plane ride home, there developed a startling nostalgia for "their" India. Some developed concern about "getting back into the rat race."

The data suggest that a counteractive phenomenon as powerful as culture shock is influential in the field situation. Just as the new culture reaches out and involves us, like it or not, so the old reaches out but with a clinging hand. It helps assure not only our adaptation to the new culture but the continuity of the old. It does this by shaping a protective secondary system of cultural identification that cushions us psychically through the more threatening phases of cultural shock. And through it all, to facilitate our eventual return, the old culture waits, knowing that when all is said and done we will return to her—as we have known all along that we would.

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mental health and the law

Psychiatry and the Law

Alan A. Stone

Three Factors in the New Prominence of Psychiatry and the Law

Tragic events—It is unlikely that there has ever before been a time in American history when the complex activity of the legal system has been more forcefully impressed on the minds of citizenry. Dramatic, highly publicized trials have emphasized the uncertain distinction between the mad and the bad, and have reopened unresolved ambiguities in "not guilty by reason of insanity." More parochially for the psychiatric profession, public spotlight has made it apparent that in a criminal trial even the most respected members of the profession could make fools of themselves and of their discipline from the witness stand.

Two major protagonists—Two men whose work has forced the problems of psychiatry and law onto the public notice are David Bazelon and Thomas Szasz.

Judge Bazelon is Chief Judge of the District of Columbia Circuit Court of Appeals. Beginning with his 1954 *Durham* decision which attempted to give a broader scope to the insanity defense, he has led judicial opinion focused on the inequities which beset the mentally ill defendant in the courts, and the maltreatment which often awaits such defendants in institutions. The case law that Judge Bazelon has produced is the first substantial legal scholarship in an area which has suffered from neglect; he more than any other jurist has brought the dialogue between psychiatry and law into the 20th century.

Thomas Szasz, Professor of Psychiatry at the State University of New York published his book *The Myth of Mental Illness* in 1961. In it he developed the thesis that the various psychiatric diagnoses were totally devoid of significance. He has since argued that psychiatry has no place in courts of law, that all forced confinement of people because of mental illness is unjust, and that the psychiatric establishment is political and caters to the value system of those in power. His most recent thesis is that madness is manufactured by society and that involuntarily confined patients are an oppressed minority. The reaction of the psychiatric establishment to Dr. Szasz's criticisms has been one of derision mixed with resentment, but his attack has captured the imagination of a growing number of young people.

Although Dr. Szasz has touched on all of the subjects within the purview of psychiatry and law, his greatest impact seems to have been in the area of the involuntary confinement of the mentally ill. His books and articles, together with his "political activism," have played a major part in stimulating the "reform" movement which is now rewriting commitment laws.

Psychiatry and politics—Historians who attempt to chronicle American life in the sixties will have to sort out the impact of the civil rights movement as it sets patterns of reaction and response for groups whose status seemed to bear no apparent relationship to these minorities. What, for

example, was the relationship between the pattern set by the Black Power movement, and Women's Liberation, and Gay Power? One concludes that some form of social contagion was at work which led these latter groups to perceive their own situation and to model their protest on the militant tactics and rhetoric developed in the racial context. Also a common concept links later movements to the Black Power rationale: Black leaders asserted that black people must achieve control of decision-making processes affecting their lives; this was the only way in which they could obtain the power to escape the paternalistic dangers of cooption and submission.

But paternalism, or the attitudes it implies, has been attacked on all sides. Male chauvinism and the superiority of heterosexuality are cited as examples of paternalistic imposition of values. Similar arguments are made across the generation gap, and it has become a standard brand of attack on all major social institutions. A major target of this political mood is the law, the embodiment of the paternalistic value system, and the structure for most of the formal decision-making.

Parens Patriae and the Psychiatrist

In 1954 the Supreme Court handed down its school desegregation decision and Judge Bazelon produced the Durham decision. Both these decisions indicated a potential willingness on the part of courts to use psychiatric expertise to assist in the judicial decision-making process, and since that time courts and legislatures have had increasing contact with psychiatry. That contact, however, seems to reflect a pattern in which the law exploits psychiatric expertise when it attempts to fulfill its role under the doctrine of Parens Patriae—the State in the role of parents. Such an expanded doctrine includes all of those "paternalistic" instances when the State forces upon a resisting defendant what is in his own best interest.

Even if one were to ignore the new mood of antagonism to paternalism, the expanding doctrine of Parens Patriae would still be vulnerable to criticism on three counts: Can we assume that the State, even with the aid of psychiatric expertise, knows what is best for the individual? Does the State have facilities and manpower to carry out the treatments which it has determined are best for the individual? Should the State impose treatment if a citizen rejects it?

Unfortunately intersections of psychiatry and law reveal the psychiatrist advising the State about coercive treatment when he does not know what is best, when facilities for the suggested treatment are inadequate, and when he has never even addressed himself to the political and philosophical questions of coerced treatment. Given this picture, it is no surprise that critics have begun to question the role of psychiatry in modern life.

Does the State know What is Best for the Individual?

In many States the only justification for abortion was that the pregnancy endangered the life of the mother. However, many States had laws whose statutory language modified the requisite degree of risk to the mother's life, while others allowed abortion when the pregnancy would be harmful to the woman's health separate from the question of death. Statutes which allow abortion when it is in the best interest of the mother's health have opened the door to decision-making based on the doctrine of Parens Patriae. True, these laws re-

quire that a doctor decide this question on the basis of medical criteria. But if we examine the actual basis on which these decisions were made, we find that in recent years the medical criteria justifying legal abortion have become psychiatric. Although the actual procedure terminating pregnancy was done by someone else, the psychiatrist became the arbiter of abortion in America. On what basis did he establish psychiatric criteria and make his decision as to which women would be allowed to have an abortion?

Recent reports conclude that there are no psychiatric criteria that can be consistently and validly applied as indications for therapeutic abortion. Surveys and questionnaire studies suggest that past decisions have been influenced by the psychiatrist's value system, his religious and moral convictions, the setting in which he saw the patient, his professional associations, the pressures put upon him, and his unconscious disposition. The cumulative effect of this kind of decision-making was that abortion was allowed predominantly to white, upper-middle-class women who came to private physicians rather than to clinics. Thus the collective action appears as a biased, financially motivated, and inequitable control of the decision-making process.

The passage of laws which allow abortion virtually on demand has ended the psychiatric monopoly of this decision-making process. But important lessons are to be learned from that period. As a profession we made decisions for which we were without expertise, and we contributed to the hardship of countless women. We wrote knowingly that abortion was psychologically destructive to women, and that has proven to be empirically without substance. The lesson seems clear: if we could be that wrong when we decided what was best for pregnant women, how wrong might we be in other situations where the State empowers us to decide what is the best exercise of its Parnes Patriae function?

Does the State have the Facilities to do What is Best?

The right to treatment is another vital issues in psychiatry and law born in Judge David Bazelon's judicial chamber. In the case of *Rouse* v. *Cameron* 373 F2d (1966), Rouse was arrested in Washington, D.C., and charged with a misdemeanor with a maximum penalty of 1 year. At his trial he was found not guilty by reason of insanity and was admitted to the maximum security ward at a mental hospital. He remained there 3 years, at which time his lawyer demanded his release because he was receiving no treatment. Reasoning that the confinement was intended by the law as treatment, not punishment, Judge Bazelon concluded that lack of treatment raised the question whether his confinement was unconstitutional. He focused on the quality of the effort of the hospital and developed a test which was four-pronged: quantity of treatment; quality of treatment; suitability of treatment for the particular patient; and the hospital cannot overcome the constitutional problem by claiming lack of funds.

By declaring the right to treatment a constitutional issue and construing a formula to establish its absence, legal action could be taken which in effect might force a State to increase its mental health budget or forfeit its right to confine people. One would expect that organized psychiatry would have embraced this decision; instead, the American Psychiatric Association responded only that the definition and appraisal of treatment

are matters of medical determination.

The right to treatment, however, has not become the great civil liberties issue that one might expect. Civil liberty strategists believe that accepting the right to treatment as an issue is a priori to accept the right to confinement of the involuntarily committed mentally ill.

Should the State Impose Treatment on an Unwilling Patient?

Most statutes provide three sets of criteria for involuntary confinement of the mentally ill: dangerousness to others, dangerousness to self, and disabled and in need of treatment. The rationale for confinement of persons dangerous to others is usually predicated on the State's police power: the protection of society. The rationale for the other two criteria includes the doctrine of Parens Patriae.

The law provides that men who have served their prison sentences cannot be kept in confinement no matter how dangerous we think they may be; some new criminal act must occur before they can again be confined. Furthermore, each criminal defendant is entitled to trial by jury, right to counsel, privilege against self-incrimination, and other safeguards. If, however, a man is judged to be dangerous by reason of mental illness, no act need be committed in order for him to be confined involuntarily and few procedural safeguards are available to him.

Given these discrepancies between criminal and civil confinement, does psychiatric testimony that mental illness is present in one dangerous person and not in the other justify such different practices? For example, a major justification for the discrepancy would be if the presence of psychiatric illness were a more reliable predictor of dangerousness. It is not, and thus the discepancy between the criminal and civil procedures cannot be justified on that account.

Most psychiatrists have never questioned the moral rectitude of civil commitment, but many young lawyers throughout the country now believe that civil commitment is immoral. They will use their adversary skills to test statutes, and this will mean that in the future there will be fewer civil commitments. This will on occasion produce tragedy and disruption for the community, and it may deprive the hospital psychiatrist of his power base. Unquestionably such a change in the power balance will herald a new era in hospital psychiatry.

The Insanity Defense: The Ill-fated Duham Decision

A discussion of the famous Durham decision will illustrate not only the substantive problems of the insanity defense, but of the psychiatrist's participation in the courts of law. In 1954, Judge Bazelon declared the *McNaughton* right/wrong test and the irresistible impulse test outmoded. In their place he substituted the following:

"An accused is not criminally responsible if this unlawful act was the product of mental disease or mental defect." *Durham* v. *U.S.* 214 F2d 874–875 (1954).

Unfortunately the *Durham* decision failed to define *mental disease or defect,* and it is rare that any criminal defendant examined by a psychiatrist will escape being labeled with some diagnosis. But does *any* diagnosis mean the defendant has a mental disease or defect? Since most of the psychiatric testimony which comes to Judge Bazelon's court originates in Washington's St. Elizabeths Hospital, it fell first to that psychiatric staff to cope with this problem. Their first

solution was to consider psychoses and neuroses as mental disease or defect, and character and personality disorders as no mental disease or defect. Thus the diagnosis of sociopath, a character disorder, would rule the defendant sane.

The problem of the interpretation of the phrase *mental disease or defect* came to a head in the two Blocker cases. Blocker killed his wife, was tried, pleaded insanity, was diagnosed as sociopath, found not insane and guilty of murder. But less than 1 month later the St. Elizabeths staff reversed their position and at another man's trial stated that sociopath was a mental disease or defect. Blocker's lawyer appealed on this basis and was granted a new trial. The sudden reversal of psychiatric opinion and its dramatic impact on the legal process provoked serious criticism. It was hoped that *Durham's* broad definitions would allow psychiatrists latitude to tell the whole story of the patient rather than testify piecemeal within the stricter confines of the older tests. This hope was dashed. Psychiatrists responded to *Durham* by providing a diagnosis and attesting that it was a mental disease or defect. Perhaps in desperation, Judge Bazelon wrote yet another decision on the subject, and composed an explanatory set of instructions to psychiatric witnesses. These instructions, a monument to common sense, were also to be read aloud in court before the first expert testified.

Now a new case may be the vehicle for abandoning the *Durham* test. In this newest case, *U.S.* v. *Brawner*, legal counsel for the American Psychiatric Association has filed an *amicus curiae* brief which suggests: First, the APA rejects the *Durham* test. Second, it endorses instead the A.L.I. test which combines the right/wrong test and the irresistible impulse test in an updated version. Third, the *amicus* brief goes further and suggests that if the court were to reject the A.L.I. test, then the abolition of the insanity defense would be an acceptable next alternative to the psychiatric profession.

This last suggestion would be one of momentous significance if it reflected official recognition of the need for psychiatrists to resist making decisions which go beyond their area of expertise. If that were the case, it might mark the beginning of "reform" in psychiatry and law which is essential for further development of an autonomous profession of psychiatrists in public service.

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mental health news digests

Citizens' Conference on Children and Youth Held in D.C.

A 3-day Citizens' Conference on Priorities and Action for Children and Youth was held on December 2–5 in Washington, D.C., sponsored by the National Committee for Children and Youth (NCCY). The Conference was an unofficial followup to the 1970 White House Conference on Children and Youth. Discussion centered around action that had been taken to implement priority recommendations made at the White House Conference.

Proposals to upgrade the quality of care and training given to retarded and emotionally disturbed children stirred the most debate at the Conference's concluding plenary session. A recommendation to call a moratorium on admissions to large institutions for the retarded—a proposal later expanded to include the emotionally disturbed—was strongly opposed by representatives of parents' groups. Mothers of autistic children concurred with other delegates who pointed out that the disturbed or retarded child has a very disrupting influence on other members of his family; they said the child would not himself be served if doors to large institutions were closed to him. The moratorium proposal was eventually defeated.

Resolution of the issue came with passage of a motion to encourage all institutions for children to obtain accreditation and to recommend the cutting off of State and Federal funds of those that don't comply with standards formulated by the Joint Commission on the Mental Health of Children.

Conference delegates also recommended that local boards of education be required to provide education and training to all children, regardless of handicaps, and that a substantial portion of the extra cost of providing such programs be paid for with Federal funds.

A resolution calling for Congressional passage of the "child development" bill was unanimously approved.

Reports of the 10 workshops that met during the Conference included the following additional recommendations:

—Development of methods of care and training that could be substituted for residential care in large institutions.

—Development of better diagnostic and evaluative tools for disturbed children.

—Establishment of a youth ombudsman at all levels of government.

—Increased youth representation in decision-making groups in educational, industrial, religious, and labor organizations.

—Improved training of teachers in minority-majority relations, health, and family life, and continuing in-service training in these and other subjects.

Recommendations Given by 1971 White House Conference on Aging

The establishment of a Presidential Commission on Mental Illness and the Elderly was given the highest priority on a list of recommendations adopted by a session on mental health care strategies and aging at the 1971 White House Conference on Aging.

The proposed commission, whose members would be appointed by the President and approved by Congress, would be charged with responsibility for implementing proposals made at the decennial Conference, which was held November 28 to December 2 in Washington, D.C.

The mental health care strategies session, one of 18 special concerns sessions held during the conference, also gave high priority to the following recommendations:

- A Center for the Mental Health of the Aged should be established within the National Institute of Mental Health and given the authority and funds to support research, training, and innovative programs for older people in the community and in hospitals.
- Recognition and support should be given to each older individual's right to care and treatment in any one of the wide range of alternative mental health services which are now available or which will be developed.
- The elderly should be provided with universal, prepaid, comprehensive health insurance that would include coverage for mental illnesses.
- Inequities and discrimination in the financing of mental health services and deductible and co-insurance features should be eliminated from Medicare and Medicaid. Further, drugs, currently excluded dental care, and prosthetics should be included under Medicare.

In making its recommendations, the special concerns session on mental health care noted that mental impairment and a wide variety of functional disorders are common in the aging. "Depressive reaction to the changes in role, status, appearance, and to decrements of function or ill health is prevalent," according to the group's report. It calls for the development and funding of adequate diagnostic and treatment centers, alternatives to institutional care, and innovative therapeutic services to currently institutionalized older persons. Further research into the mental health problems of the aging was also suggested.

Delegates to the physical and mental health section of the Conference asserted in their report that the United States "must guarantee to all its older people health care as a basic right." The section called for a comprehensive system of appropriate health care to assure older persons a high quality of life. Adequate health services must be provided in the appropriate setting and time "with concern for the dignity and choice of the individual and within a framework which guarantees coordination among the various levels of care, continuity of care over time, and the efficiency and effectiveness which will assure supportable costs."

The section recommended that a comprehensive health care plan for all persons should be legislated and financed through a "National Health Plan." Until such a plan can be adopted, the legislation and financing of Medicare should be expanded, the section recommended.

Like the mental health care strategies session, the physical and mental health section suggested that a center for aging be established in the National Institute of Mental Health. In addition, the section recommended that a gerontological institute be established within the National Institutes of Health, that a Commission on Aging be established that would include a committee on mental health of the elderly, and that ombudsman services should be promoted and encouraged.

The 1971 White House Conference on Aging was preceded by a series of

forums, hearings, meetings and other White House conferences at community and State levels. More than one million older and middle aged citizens, service personnel, and specialists in planning, research, or teaching took part in these activities.

NAMH Holds 1971 Annual Meeting on Mental Health Services for Disadvantaged

The National Association for Mental Health held its 1971 Annual Meeting and Mental Health Assembly in Dallas, Texas on December 1–3, 1971. The theme of the meeting was "Mental Health Services for the Disadvantaged." Highlights included a variety of "how-to" sessions on serving the disadvantaged, the 1972 Mental Health Campaign kick-off, and 12 "how-to" sessions on fund raising.

On the final day of the meeting, an awards luncheon was held to recognize several individuals and organizations in the field of mental health. The Mental Health Bill Award (daily newspaper) went to the *Honolulu Star-Bulletin,* Honalulu, Hawaii. The same award for a nondaily paper went to *The Valley Times,* Beaverton, Oregon. The Katherine Hamilton Volunteer of the Year Award was received by Mrs. M. D. Himmelman, Minneapolis, Minn. Special Awards were also given to Congressman Daniel J. Flood (Pa.), Chairman, Appropriations Subcommittee on Labor-HEW; Miss Ruth K. Sensbach, Retiring Assistant Secretary, the National Association for Retarded Children; and Stanley Yolles, M.D., NIMH Director, 1964–70.

Depression Workshop Held in Virginia

A Workshop on "The Psychology of Depression" was held October 8–9 at Airlie House, Warrenton, Va., under the sponsorship of the Clinical Research Branch, Division of Extramural Research Programs, National Institute of Mental Health. This was the second major conference of the 1970's presented by the Institute on the public health problem of depressive illnesses, estimated to afflict 4 to 8 million Americans and the leading cause of psychiatric hospitalization.

Sessions dealt with current theoretical positions, under the chairmanship of Dr. Raymond J. Friedman, Depression Section, Clinical Research Branch, DERP; contemporary research, chaired by Dr. Aaron T. Beck, Professor of Psychiatry at the University of Pennsylvania; and integration and perspectives, chaired by Dr. Martin M. Katz, Chief of the Clinical Research Branch, DERP. Leading scientists in the field attended the 2-day Workshop.

Papers presented at the session on theoretical positions covered the depressive personality—psychoanalytic and personality theory; behavioral modification theory; and cognitive theory. The subjects at the session on research dealt with depression and learned helplessness; depression and adaptation; "depression" in childhood; a behavioral approach to depression; depression among subgroups of suicidal patients; and communication of emotions through nonverbal behavior. A panel discussion was held on integration and perspectives.

Besides the focal support program for research on depression in the Institute's Clinical Research Branch and the ongoing investigations in its Intramural Research Program, support for work in this area is provided by the Psychophar-

macology Research Branch, the Center for Studies of Suicide Prevention, and the Behavioral Sciences Research Branch.

Project Re-ED Acts as Primary Resource for Behavioral Reeducation for Disturbed Children

The States of Tennessee and North Carolina, in cooperation with George Peabody College for Teachers (Nashville, Tenn.), have established pilot residential schools in Nashville and Durham for emotionally disturbed children who are not sick enough to be hospitalized or disciplined enough to fit into the routine of the public schools. The program, Project Re-ED, not only attempts to change the child's socially discordant behavior, but also tries to build competence to increase the child's self-respect and the respect others have for him. The behavioral approach attempts to program a total environment of new experiences that readily permits the child to achieve and enjoy immediate success not only in academic and other tasks but in human relationships as well. The child learns new ways of construing himself and his world as well as more effective ways of behaving.

Educated as teachers, staff members are chosen for their special ability to relate to children and are given an intensive 9-month course in Re-ED techniques at the teacher's college. A team of one day, one night, and one liaison teacher-counselor, backed by mental health consultants, is responsible for the progress of each of the 8 children in their group through the 5-day week at the school. The behavioral change goals are selected openly and regularly discussed and evaluated by the child, his teacher-counselors, and all the children in the group.

One problem that has come up for many of the children in the project is the return to the regular public school classroom. Although the level of improvement that they reach enables the children to keep from getting farther behind their public school classmates, it does not enable them to catch up to their peers. To correct this problem, a "zoomer" class was established in a local public school. A report on the Zoomer Class by Dr. Laura Weinstein appears in this issue of the *Digest*.

OCD Announces Day Care Licensing Models

The Office of Child Development has released a report which introduces its model codes for day-care licensing. The OCD charged in the report that current day-care regulations are hindering the development of good, comprehensive programs. As a replacement for the current large programs, the OCD recommends a cluster of small day-care facilities near one or more larger facilities with a limit of no more than 75 children of varying ages to be housed during an 8-hour period.

The mental health model code calls for an active interaction between the adult staff and the children, which would promote self-reliance and encourage the development of self-esteem and social competence. Some of the codes' requirements were that the child be given opportunities to help and become involved during the day; that a child is recognized as an individual; that there are staff members with similar cultural backgrounds as the children's; that whatever discipline is used does not frighten or humiliate the child; and that

different types of equipment are utilized for diversity of experience. Dr. Edward Zigler, the OCD Director, has said that States would have a choice whether or not to accept the Federal codes, but he stressed that adherence to these codes would be required for any Federal money assistance. For more information contact the Day Care Office, Office of Child Development, P.O. Box 1182, Washington, D.C. 20013.

Matrix House: Its First Year at Lexington, Ky.

Matrix House is a self-help, therapeutic community which was formed in January 1970 by a group of highly motivated former narcotic addicts. It began in a room at the Clinical Research Center of the NIMH at Lexington, Ky. In April it was given a 100-bed unit. The members refurbished the building, moved in, and called it Matrix House. Later the CRC hired four ex-addicts to be directors of Matrix.

The main therapeutic method employed at Matrix House is the game, which is played three evenings a week. It is a form of confrontation therapy, which is essentially leaderless. About 12 people sit in a circle and discuss a member's recent behavior. At times this discussion becomes extremely animated, but no aspects of violence are allowed. The person in the "hot seat" is asked to change his behavior, even if he cannot understand why. Often insights come through this change, and Matrix members are together day and night as positive reinforcers. If the behavior is not modified by the next game, that person is reindicted in the next game. If a member cannot change his behavior and conform to the standards set by the group, he is dealt with by a number of devices, such as verbal reprimand, a loss of speaking privileges, or a change of job. The most severe penalty may be that the person is asked to leave.

The Matrix program is divided into roughly two phases—relearning and reintegration. In the first phase, the addict relearns responsibility and how to relate to people. Responsibility may be learned in performing the work tasks assigned in the house. He is encouraged to attend daily seminars to discuss topical issues and to participate in other discussions.

Reintegration is achieved by interaction with the larger community in various ways. Matrix holds an open house for the public every Saturday night. Outside activities include speaking to groups throughout the State on drug abuse and the philosophy of Matrix. The members formed Matrix Industries, and they have a small shop in which they make jewelry, clothing, and leather goods for sale to retail stores. The members also conduct game sessions at correctional institutions in Louisville and Lexington.

For the greater part of its existence, Lexington offered a medical-psychiatric model within a penitentiary-like atmosphere. This model provided poor results, as evidenced by the relapse rates reported in followup studies. Matrix represents a new direction in the Center's treatment philosophy. It has grown beyond the experimental stage, and it has provided a model for other treatment units at Lexington. From this perspective, it is believed that Matrix may be an effective modality for certain persons in meeting the problem of drug addiction. (From an article by Robert S. Weppner, Ph.D., in *HSMHA Health Reports* 86(9): 761–768.)

HumRRO Develops Procedures for Evaluating Mental Health Indirect Services

Since the passage of the Community Mental Health Act there has been increasing utilization of mental health indirect services. This approach emphasizes consultation to "caregivers," such as school personnel, to help them manage problems of children in the school, rather than referring them for direct treatment by a mental health worker. This type of consultation has multiplied the mental health services available in schools and communities, but it has complicated the evaluation of services.

Under a contract from the NIMH, the Human Resources Research Organization (HumRRO) has developed procedures and instruments to evaluate the effectiveness of mental health indirect service programs in schools. Work on the CONVAL (CONsultation eVALuation) project began with a study of consultative practice, determining that 90 percent of consulting work could be sorted into three categories: work with teachers and school counselors on specific cases, work with administrative staff concerning policy and interpersonal interactions, and development of specific mental health projects. The survey also made clear the two requirements of any evaluation effort: estimation of the overall relevance of the consultation program to the needs of the school and community, and measurement of the outcomes of programs that are undertaken.

HumRRO scientists first set up a framework for analyzing community/school needs, developing tables of typical characteristics which describe school aims and resources and mental health aims and resources. They then developed a matrix for estimating the priority and criticality of needs matched to available resources and restrictions.

The problem of measuring outcomes was approached by constructing a working model of the stages and aims of consultation and by defining and clarifying goals. The model requires clear definition of the purposes of each stage, a statement of the anticipated products for each stage, and specification of methods used in each stage. Among the evaluation instruments developed in CONVAL were a film, a set of questionnaires, and a "log" geared to the products and goals of each stage of the consultation.

The several evaluation procedures aim at one of three purposes: to measure the actual process of consultation; to measure the effect of that process on the consultee or system which receives the consultation; and to measure the effect of consultation on the eventual recipient of mental health indirect service.

It is anticipated that the principal CONVAL product, a handbook of evaluation procedures and measuring instruments, will be tried out in community mental health centers and revised, as necessary, on the basis of actual use. A more complete description of the CONVAL project can be found in *What HumRRO is Doing,* Vol. 8, No. 2, Summer 1971; published by HumRRO, 300 N. Washington St., Alexandria, Va. 22314.

NACC Studies Drug Use in New York State

A drug use survey of the New York State population by the New York Narcotics Addiction Control Commission has uncovered indications of the prevalence, incidence, susceptibility to, and attitudes toward drug use and drug users. Data were obtained from interviews with a random sample of more than

7,000 people aged 14 and above, and projections from those data indicate that of a total State population of 13.69 million: 525,000 persons regularly use minor tranquilizers; 377,000 persons use barbiturates at least six times a month; 225,000 regularly use prescription diet medications containing amphetamines; 485,000 persons regularly use marihuana, and slightly less than half of these people use it frequently on the job.

Other highlights of the report include the following: Sales workers are the most prone of all occupational groups to barbiturate use. Housewives not employed outside the home and unskilled workers are the most frequent users of nonbarbiturate sedatives, and housewives account for the greatest usage of antidepressants. Clerical workers account for the greatest usage among some 85,000 people who take a major tranquilizer at least six times per month. Some 50,000 people use LSD at least six times per month, and about 41,000 people are currently using heroin at least six times a month.

Forty-six percent of the population agree that drug use should be a matter of personal choice, and 51 percent of the population believes that a lot of people need drugs to cope with stress. Eighty-six percent of the population believes that drug addicts should be treated as sick people and not as criminals, and 56 percent do not agree that strict and harsh punishment of drug abusers will keep others from using drugs. Seventy-seven percent agree that education is the best way of preventing drug abuse.

Details of the survey methodology and findings can be found in two publications of the New York State Narcotic Addiction Control Commission: *An Assessment of Drug Use in the General Population,* Special Report No. 1, Drug Use in New York State, May 1971; and *Differential Drug Use within the New York State Labor Force,* July 1971.

Researcher Seeks Cut in L-Dopa Dosage for Parkinson's Disease

Jack de la Torre, Assistant Professor in the Neurological Section of the Department of Surgery, Division of the Biological Sciences and The Pritzker School of Medicine, University of Chicago, has stated that it might be possible to cut the L-dopa dosage in treatment for Parkinson's disease by as much as nine-tenths by using a supplemental drug. He reported that in the past 5 years he and others have conducted experiments on animals and humans with the drugs known as dopa decarboxylase inhibitors (DCI). De la Torre believes that with the supplemental DCI drugs the daily L-dopa dose, now about four to eight grams per day, could be cut to about 700 to 800 milligrams. He claims that the lower dosage would not only lessen the side effects (nausea and hypotension in most patients), but would cut the high cost of L-dopa treatment. A copy of this research summary can be obtained from James S. Sweet, The University of Chicago, The Office of Public Information, Chicago, Illinois 60637.

Announcing New Publications

Canada's Mental Health Supplement No. 70 is entitled *Selected Mental Health Pocketbooks and Paperbacks 1971–1972.* The Supplement provides a selected list of 150 recently published, inexpensive, and briefly annotated mental health pocketbooks and paperbacks for university, library, seminar or workshop

reference. The publications are broken down into topic areas that include alcoholism and drugs, children and adolescence, education, the environment, family life, psychiatry, psychology, sexuality, social work, sociology, etc. A single complimentary copy of the Supplement is available from Barry Katz, M.S.W., Editor, *Canada's Mental Health,* Department of National Health and Welfare, Ottawa, Canada.

The Committee on Aging of the Group for the Advancement of Psychiatry has published *The Aged and Community Mental Health: A Guide to Program Development.* This guide is intended to provide practical information that staff in community mental health centers and allied organizations will need to provide high quality services for the aged. The application of five models for conceptualizing mental health programs is discussed with regard to mental health of the elderly. Four organization plans for the delivery of mental health services to the aged are discussed. They range from providing all services without regard to age per se to entirely separate clinical and consultative services for the aged. Copies of this GAP Publication No. 81 are available for $2.00 each from the Publications Office, Group for the Advancement of Psychiatry, 419 Park Avenue South, New York, N.Y. 10016.

The NIMH Report Series C, No. 3, on Mental Health Statistics, entitled *1970 Census Data Used to Indicate Areas with Different Potentials for Mental Health and Related Problems,* is now available. As a result of the recognition that census demographic data are essential to the delineation of mental health center catchment area boundaries and to the description of catchment area populations for the purpose of ascertaining both the extent of need for psychiatric services and the kinds of services to be offered, a project to test and evaluate procedures that can provide the relevant data rapidly, at low cost and in the most useful format for effective planning is now under way at the NIMH. This Report reviews the steps taken in the initial stages of this project. DHEW Publication No. (HSM) 72–9051 is available (single copies only) from NIMH, Publications Issuance Unit, Room 1B64, Parklawn Building, 5600 Fishers Lane, Rockville, Md. 20852. It may be ordered in quantity from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 for 45¢.

A 256-page monograph, National Institute of Neurological Diseases and Stroke Monograph No. 11, *Reading Forum,* deals with reading disorders. It can be obtained from the Information Office, National Institute of Neurological Diseases and Stroke, National Institutes of Health, Bethesda, Md. 20014; it is also sold by the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402, for $2.00 each.

A fifth-grade level curriculum on *Man: A Course of Study* has been developed by Jerome Bruner at the Educational Development Center in Cambridge, Mass. Three films have been keyed to this curriculum: *What Makes Man Human?, A Time for Learning,* and *Hello Darwin.* Sales and rentals are available through University-At-Large, 70 West 40th Street, New York, N.Y. 10018.

recent nimh publications

Single copies of these publications may be obtained from the Office of Communications, National Institute of Mental Health (Publications Issuance Unit, Room 1B64, Parklawn Building, 5600 Fishers Lane, Rockville, Md. 20852). A complete list of all publications available from the NIMH may also be obtained from the Office of Communications. If a price is given, the publication may be ordered in quantity from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. Enclose a check or money order payable to the Superintendent of Documents.

Alcohol: Some Questions and Answers. This 14-page pamphlet was produced by the National Institute on Alcohol Abuse and Alcoholism. The pamphlet covers all the aspects of alcohol, its effects, who are alcoholics, what are the causes of alcoholism, possible prevention and treatment, and current research in the field. DHEW Publication No. (HSM) 71–9048. 15¢

Cigarette Smoking: Some Questions and Answers. This is a 4-page pamphlet from the National Clearinghouse for Drug Abuse Information. Topics included are the history of cigarette smoking, who smokes and why, facts about cigarettes and health, and aspects about quitting cigarette smoking. DHEW Publication No. (HSM) 71–9064. 10¢

Narcotic Drug Addiction Problems. This is a 212-page booklet on the proceedings of the Symposium on the History of Narcotic Drug Addiction Problems held in 1958 in Bethesda, Maryland. The session topics include prevention treatment, legal and research problems involved with narcotic drug addition. DHEW Publication No. (HSM) 72–9003. $1.75

A Long Dark Hallway. This 34-page booklet was produced under contract for the NIMH by Interstate Research Associates, Washington, D.C. This publication presents a written and pictorial story that involves the Chicano movement in the United States and drug addiction. The characters and circumstances intentionally resemble living persons and places, although no single individual, place, or circumstance is specifically portrayed. DHEW Publication (HSM) 72–9021.

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DHEW Publication No. (HSM) 72-9071
Printed 1971

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